

## KANSAS STATE BOARD OF NURSING

Landon State Office Building  
900 SW Jackson, Suite 1051  
Topeka, Kansas 66612  
785 296-2967

### INSTRUCTIONS FOR COMPLETION OF APPLICATION FOR LICENSURE REGISTERED PROFESSIONAL NURSE AND LICENSED PRACTICAL NURSE

#### Application Checklist

##### Applications are legal documents

- \_\_\_ All required blanks are complete – typed or in blue or black ink  
(Corrections made with fluid or tape are not permitted)
- \_\_\_ Application is signed and dated
- \_\_\_ Appropriate fee is attached
- \_\_\_ All required additional documents are attached
- \_\_\_ Completed Fingerprint Card and Fee
- \_\_\_ Completed Fingerprint Waivers, Agreement and Statement

**All information on the attached application must be complete and accompanied by the appropriate fee. All blanks must be complete unless otherwise noted (e.g. optional). Mail the original application you completed; no photocopies of completed applications are accepted.**

**Both the NCLEX application and fee and the Kansas application and fee should be submitted approximately 30 days before graduation. List your anticipated graduation date.**

#### **KSBN APPLICATION REQUIREMENTS:**

Pursuant to K.A.R. 60-3-107 (b) Applications for initial licensure by examination while awaiting documentation of qualifications shall be active for six months. (1) The expiration date of each application shall be based upon the date of receipt at the agency. (2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

**The following must be completed to receive approval to sit for the RN or LPN examination, interested applicant must:**

- Complete the registration process with [Pearson Vue](#) (pay \$200 fee).
- Complete the application and pay the applicable application fee (LPN fee \$50 and RN fee \$75) to the Kansas Board of Nursing.
- A “test before transcript” form can be submitted by your nursing program to allow you to test prior to graduation or receipt of official transcript upon graduation.

**All applicants must provide proof of completion/graduation from an approved nursing education program. The transcript must include the following:**

- Legal Name (first, middle (if applicable) and last)
- Degree Awarded
- Date of graduation and degree earned

Contact your nursing program to send an official transcript by one of the following means, KSBN accepts:

- Electronic transcripts can be sent **DIRECTLY** to the KSBN by your nursing program using Parchment or National Student Clearinghouse; or
- Official transcripts mailed **DIRECTLY** from your nursing program to the KSBN office at the below address:

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Suite 1051  
Topeka, KS 66612

**Name:** Use the same name to apply with KSBN and register with [Pearson Vue](#). Do not use nicknames. If you do not have a middle name, leave the field blank. If you have just an initial for a first or middle name, write just the initial in the corresponding field.

### **Social Security Number Required**

All applicants seeking licensure by KSBN, must have a valid social security number to be issued a license to practice nursing. While making application for a Social Security number, you may take the examination. No license will be granted until proof of the Social Security number is submitted to Kansas State Board of Nursing.

#### **Mailing Address**

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Ste 1051  
Topeka, KS 66612

**ALL APPLICANTS/LICENSEES ARE REQUIRED TO NOTIFY KSBN WITHIN 30 DAYS OF A NAME OR ADDRESS CHANGE PURSUANT TO K.S.A. 65-1117 AND K.A.R. 60-7-103.**

### **A Criminal Background Check is REQUIRED**

All applicants must complete a criminal background check and be approved prior to issuance of license. The cost for a criminal background check is \$48. There are two options to be fingerprinted for your background check:

- You may contact the KSBN office to have a live scan of your prints done for an additional \$7.50. Call 785-296-3375 and schedule an appointment, fingerprints are done Monday through Friday, 8:00 am to 3:30 pm.
- Or contact KSBN at [www.ksbn.org](http://www.ksbn.org) and select "Finger Print Card Order Form" to have a fingerprint card and waivers be mailed to you. Fingerprints must be performed by trained law enforcement personnel. Contact your local sheriff or police station for assistance and additional details.

Pursuant to K.A.R. 60-3-107: Applications for initial licensure by examination while waiting for documentation of qualifications shall be active for six months.

- (1) The expiration of each application shall be based upon the date of receipt at the agency.
- (2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

**Request for Testing Accommodations must be submitted within 15 calendar days of the application being submitted.**

**Requirements are as follows:**

1. Examination candidates may request special accommodations for taking the examination. A letter from the applicant requesting special accommodations and the accompanying documentation for the need of the accommodations must be submitted to Kansas Board of Nursing.
2. Documentation must include a written report of an evaluation (educational, psychological or physical) within the proceeding five (5) years from a licensed professional which states a diagnosis of the disability, describes the disability, and recommends specific accommodations. If testing was completed more than two (2) years prior to this request, a physician or psychologist must provide a summary stating why current testing is not needed (e.g., the disability does not change over time and new testing would not reveal new information).

**Documentation Must include the following:**

- A diagnosis by a licensed professional must be included in the documentation;
  - A history of the disability and any past accommodation granted to the candidate and a description of its impact on the individual's functioning;
  - Identification of the specific standardized and professionally recognized test/assessment give (e.g. Woodcock-Johnson, Weschler Adult Intelligence Scale);
  - The scores resulting from testing, interpretation of the scores and evaluations; and
  - Recommendations for testing accommodations with a stated rationale as to why the requested accommodation is necessary and appropriate for the diagnosed disability (NCSBN 2007).
3. A written statement from the candidate's Nursing Program Director (or designee) which describes any testing accommodations granted while the student was enrolled in the program.

**Internationally Educated Applicants**

K.A.R. 60-3-106: Licensure Qualifications.

- (a) As part of the application process, each individual applying for licensure in Kansas who is a graduate of a foreign nursing program shall submit that individual's education and licensure credentials for evaluation to the commission on graduates of foreign nursing programs (CGFNS) or some other credentialing agency approved by KSBN.
- (b) Any individual applying for licensure in Kansas who is a graduate of a foreign nursing program in which instruction was not in English may be granted a license if the individual meets all other requirements for licensure in effect at the time of application and shows proof of proficiency in English by passing any of the following:
  - (1) The test of English as a foreign language and the test of spoken English: OR
  - (2) Similar examinations, as approved by KSBN.

**KSBN requirements for licensure by examination for applicants who were educated outside of the United States:**

1. Proof of Education (via CGFNS evaluation of your education)
2. English Proficiency Examination (TOEFL), IF NURSING EDUCATION WAS NOT TAUGHT IN ENGLISH AND ENGLISH TEXT BOOKS WERE NOT USED
3. \*Valid Social Security Number
4. \*Criminal background check with no disqualifying factors

\*Required prior to license being issued, examination may be taken prior to completion of these requirements.

### **Documentation of Education**

Graduates of an International Nursing Education Program:

KSBN requires the evaluation of education and nursing licenses outside of the United States be evaluated by an approved credentialing agency and the report be sent **DIRECTLY** to the Kansas State Board of Nursing from the credentialing agency.

#### **The currently approved credentialing agency by the KSBN is:**

Commission on Graduates of Foreign Nursing Schools (CGFNS)  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone 215.349.8767  
<http://www.cgfns.org>

### **English Proficiency Examination**

Test of English as a Foreign Language (TOEFL):

1. If your primary language was not English or IF YOUR NURSING EDUCATION WAS NOT TAUGHT IN ENGLISH USING ENGLISH TEXTBOOKS YOU MUST SHOW PROFICIENCY IN ORAL AND WRITTEN ENGLISH.
2. Complete the TOEFL exam. It is an internet-based exam. A paper-based version of the exam is available in areas where internet based testing is not possible.
3. KSBN has approved the following scores for the TOEFL Exam:

Minimum Scores:

Writing	20
Speaking	20
Reading	19
Listening	20

#### **EACH AREA MUST MEET THE MINIMUM REQUIREMENT.**

The testing company is:

TOEFL Publications  
PO Box 6154  
Princeton, NJ 08541-6154  
Phone 609.771.7100  
<http://www.toefl.org>

The test is given in several locations in Kansas and many other locations in the United States.

4. Request TOEFL results be sent **DIRECTLY** to Kansas State Board of Nursing by using **CODE NUMBER 9149** in the results reporting list. For more information go to [TOEFL](http://www.toefl.org).

Copies of the CGFNS professional report (education evaluation) or TOEFL (English proficiency examination) will **NOT** be accepted from the applicant, the official agencies must send the report **DIRECTLY** to KSBN.

### **Legal – Misdemeanor/Felony/Disciplinary Action**

**Convictions:** If you have been convicted of a misdemeanor and/or felony, specific certified/dated copies of court documents (for EACH) conviction are **REQUIRED** and must be mailed to KSBN. The certified/dated copies must be current (dated within 3 months of submission). Without receipt of the **REQUIRED** documents, the application is considered incomplete and may result in denial of licensure.

**Please note:** A **successfully completed** court-ordered Diversion is **NOT** a conviction, and **DOES NOT** need to be reported to KSBN. Also note that different courts may use different titles for similar court documents.

The following list is not all inclusive but represents the types of court documents that can be obtained from the office of the Clerk of the Court where the conviction(s) occurred – City (municipal), county (district/circuit) or federal court.

- Uniform Notice to Appear and Complaint (e.g. ticket), Complaint/Petition or Indictment.
- DO NOT submit information regarding speeding or parking tickets.
- Amended Complaint/Petition or Indictment (indicates charges were increased/decreased from the original charges).
- Journal Entry of Judgment (Conviction) and Sentencing (this may be on the back side of the ticket or a separate piece of paper entitled "Journal Entry").
- Probation Agreement (if any) and current status.
- Diversion Agreement (if any) and current status.
- Proof that all fines, fees, costs and/or restitution have been paid or record of payment to date.

Example of things to report to the KSBN:

Subject to reporting:

- All felonies.

And the following categories of misdemeanor are subject to be reported:

- Alcohol;
- any drugs;
- deceit;
- dishonesty;
- endangerment of a child or vulnerable adult;
- falsification;
- fraud;
- misrepresentation;
- physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- physical or verbal abuse;
- theft;
- violation of a protection from abuse order or protection from stalking order; or any action arising out of a violation of any state or federal regulation.

**DISCIPLINARY ACTION:** If you have been disciplined by any Board (e.g. professional licensure) or governmental agency (e.g. Department of Aging and Disability Services regarding CNA and HHA certification, Department of Revenue regarding a driver's license suspension, cancellation and/or revocation for any reason) you are **REQUIRED** to provide certified/dated copy of that Board order or disciplinary/administrative action. You may obtain a copy of your current Driver's record by going to any driver's license exam station with a current photo ID and request the document, a small fee is usually charged for a copy of your driving record.

**EXPLANATORY LETTER:** You are **REQUIRED** to submit an explanatory letter regarding EACH conviction and/or disciplinary/administrative action. The letter should include the following information:

- Date of the criminal offense or disciplinary action;
- Circumstances leading up to the arrest or disciplinary/administrative action;
- Actual conviction or disciplinary/administrative action;
- Actual sentence or board/regulatory agency order;
- Current status of sentence of order; and
- Rehabilitation (if any).

### **Legal Questions on Application**

If you answer yes to any legal question(s) on the application or have a criminal history on your background/history the required documentation must be received by KSBN or it will be considered incomplete and cannot be processed by the KSBN.

**If you have questions about the conviction or disciplinary action requirements, please contact the Kansas State Board of Nursing Legal Department at 785.296.1817.**

### **Check Application Status**

Access the KSBN website and click on "[check status of application](#)", log in and locate the license application type in which you submitted, and then click "View Checklist". When a requirement for licensure has been received it will be marked "complete" with the date it was processed. Should an item state "unchecked" the information either has not been received by KSBN or it has not been processed (please allow 3-5 business days).

- [Check Status of Application](#) (on [KSBN](#) website)
- Log-in
- View Checklist (for application you're checking on)

**Please be advised "not applicable" means the particular item is NOT required or needed.**

### **Check Status of Kansas License/Print a Copy of License**

Access the KSBN website and click on "[license verification database](#)" and click "begin searching" (green button under picture of mobile devices). Select the tab for the way you would like to search, either "Search by License Number" or "Search by Name". Once your license has been issued or renewed it will display here with updates. You may print a current copy of your license anytime from this site free of charge.

### **Re-Examination**

Any applicant that has been unsuccessful in passing the examination may take subsequent examinations. The frequency of testing is determined by the National Council State Board of Nursing. There is a 45 day waiting period to retest. Applicants can schedule an examination, but will be unable to reserve a test date earlier than the 46<sup>th</sup> day after the last examination date.

Prior to each re-examination, candidates are required to obtain an Authorization to Test (ATT). To obtain an ATT, the following must be completed:

- KSBN Online Application and fee(s)
- Registration and Payment of Fees to [Pearson Vue](#)

An applicant, who fails to pass the examination more than two (2) years of graduation, but less than five (5) years of graduation, will need to submit a completed [petition](#) to the board for permission to retake the examination. This must be done every time you need to retest during this timeframe.

An applicant who fails to pass the examination within 5 years of graduation can no longer submit a petition for retesting; they must retake a nursing program before permission will be given to retake the examination.

**The authorization to test comes from Pearson Vue via email.**

For Office Use Only

**KANSAS STATE BOARD OF NURSING**  
**Landon State Office Building**  
**900 SW Jackson, Ste 1051**  
**Topeka, KS 66612-1230**

**RN / LPN / LMHT LICENSURE APPLICATION FOR EXAMINATION**

\_\_\_\_\_  
Last Name First Name Middle Name  
☐ Only Middle Initial ☐ No Middle Name / Initial

\_\_\_\_\_  
Previous Name (s) Maiden Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

**Please check one:**

I hereby apply for licensure as a

RN \$75 \_\_\_\_

LPN: \$50 \_\_\_\_

LMHT \$50 \_\_\_\_

In the State of Kansas and  
submit the following evidence of  
my qualifications.

1. Date of Birth (MM) \_\_\_\_ (DD) \_\_\_\_ (YYYY) \_\_\_\_ Gender: Male: \_\_\_\_ Female: \_\_\_\_

2. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

3. Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(Your social security number is required pursuant to 42 U.S.C.s 666(a), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request)

4. Ethnic Information: \_\_\_\_ African American \_\_\_\_ Asian Indian  
\_\_\_\_ Native American \_\_\_\_ Asian - Other  
\_\_\_\_ Hispanic \_\_\_\_ Pacific Islander  
\_\_\_\_ White-Non Hispanic \_\_\_\_ Other

5. Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_

6. Have you ever been convicted of a misdemeanor? Yes \_\_\_\_ No \_\_\_\_  
Any convictions of speeding or parking violations do not need to be reported.

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach a certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

5. Have you ever been convicted of a felony? Yes \_\_\_\_ No \_\_\_\_

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach a certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

6. Are criminal proceedings pending in any federal or state court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

Please explain in an accompanying letter.

7. Is an investigation and/or disciplinary action pending against **any** license, certification or registration? (nursing or other): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

Please explain in an accompanying letter.

8. Has **any** license, certification or registration (nursing or other) ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US government, territory of the US or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_

(If answer is yes, please attach certified/dated copy of board order and/or governmental agency disciplinary action and explanatory letter. Note if previously submitted to KSBN and give KSBN case number. Do not send a second copy)

9. Have you previously been licensed as an: RN Yes \_\_\_\_\_ No \_\_\_\_\_

(MUST ANSWER ALL THREE)

LPN Yes \_\_\_\_\_ No \_\_\_\_\_

LMHT Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list license number(s), state/country where license(s) was issued, and date of

issue: \_\_\_\_\_

10. Upon completion of all requirements for the license in which I am currently applying I will have an official transcript showing the type of degree/certification conferred on the transcript sent to the Kansas State Board of Nursing from:

\_\_\_\_\_, \_\_\_\_\_  
School Name City, State

\_\_\_\_\_, \_\_\_\_\_  
School Name City, State

11. Which Exam are you applying for: NCLEX PN \_\_\_\_\_ NCLEX RN \_\_\_\_\_ LMHT \_\_\_\_\_

Have you ever made application to take this exam in any state/country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list state/country and date of application: \_\_\_\_\_

Number of times this exam taken \_\_\_\_\_ Dates exam taken: \_\_\_\_\_

**I declare under penalty of perjury under the laws of the State of Kansas that the information provided above is true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (MM/DD/YYYY)

(DO NOT WRITE BELOW (FOR OFFICE USE ONLY))

Date of Exam: \_\_\_\_\_

Date of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_