



Carol Moreland, MSN, RN
 Executive Administrator

Kansas State Board of Nursing

Laura Kelly, Governor

Verification of Advanced Practice Licensure Request Form

This form is to request that your Kansas AP license information be sent to another state for licensure.

To be completed by the applicant and forwarded to the State of Kansas Board of Nursing along with a check or money order for \$30 per license, per state for each verification to be sent.

| | | | | |
|--|----------------------------------|--|-------|--------------------|
| *Name (Last, First Middle, Maiden) | | *Previous Name(s) | | |
| Current Address | | City | State | Zip |
| *Date of Birth | *Social Security Number | *Nursing License(s) (check license(s) to verify) <input type="checkbox"/> APRN/NP <input type="checkbox"/> CNS <input type="checkbox"/> RNA | | |
| Name as appeared on original license (Last, First, Middle, Maiden) | | City of Nursing Program | State | Date of Completion |
| Original State of Licensure | Issue Date of Original Licensure | Original License Number(s) | | |
| *State(s) in which verification(s) is to be sent: | | | | |

***Required Information**

Please check this box if the above noted address is new and you would like us to update our database.

I hereby authorize the Kansas State Board of Nursing to release my AP licensure data to the above noted state(s) Board of Nursing.

*Licensee Signature

Date