

Kansas Board of Nursing, 900 SW Jackson, Suite 1051, Topeka, KS 66612

KANSAS IS A COMPACT STATE STARTING 7/1/19

Applications received on or after July 1/2019 will be considered for multistate licensure if requested and qualifies. If a multistate license is granted, the nurse can then engage in nursing practice in any of the Nurse License Compact states without having to obtain additional licenses. A list of the states participating in the Nurse Licensure Compact is available at <https://www.nursecompact.com>

Applicants must meet the uniform license requirements to be considered for a multistate license. These requirements can be viewed here: <https://ksbn.kansas.gov/uniform-licensure-requirements/>

Instructions for completion of Application by Endorsement for Registered Professional Nurse and Licensed Practical Nurse

The following must be completed for endorsement application:

1. **Complete the online registration/application and pay the applicable application fee (online or paper submission) –**

All information on the application must be completed unless otherwise noted (e.g. Optional).

If submitting paper application mail the original, photocopies will not be accepted.

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. You may be asked to provide proof of your social security number at any time during the application process.

The fees may be paid with check or money order payable to KSBN (paper application) or credit/debit card for online application (My Portal.) Licensure fees are as follows:

- RN multistate license- 125.00
- RN single state license- 100.00
- LPN multistate license- 125.00
- LPN single state license- 75.00

2. **Request official transcripts- 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.

- Electronic transcripts can be sent **DIRECTLY** to the KSBN by your nursing program using Parchment or National Student Clearinghouse. If using National Student Clearinghouse, select the Education option to send the transcript: then select Kansas Board of Nursing or KSBN. ***If it asks for a SPECIFIC email and Kansas Board of Nursing DOES NOT populate for you, you must request the school to mail a transcript **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

3. Submit a fingerprint card, completed waivers and fee for a background check-

Please see the waiver below.

4. Request verification of your original states' licensure forwarded to KSBN : To do this you will visit www.Nursys.com and click on the Nurse License verification for endorsement, (green box located on the website). You will follow the instructions to make your original states information available to Kansas, **this process will charge you a fee and it is required for your endorsement process to be complete!**

ADDITIONAL INFORMATION

For foreign educated applicants: any applicant who obtained their nursing education in any other country other than the United states or the US Territories see the Instructions for Foreign Nurses located at <https://ksbn.kansas.gov/wp-content/uploads/Forms/Instructions-for-Foreign-Nurses.pdf>

Legal Questions on Application

If you answer yes to 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. (Insert legal link here....)

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.

KSBN APPLICATION REQUIREMENTS:

Pursuant to K.A.R. 60-3-107 (b) Applications for initial licensure by endorsement 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.

FINGERPRINT/BACKGROUND CHECK INSTRUCTIONS FOR KANSAS BOARD OF NURSING APPLICANTS

A Criminal Background Check is REQUIRED

All applicants must submit a criminal background check prior to issuance of license or temporary permit. The cost for a criminal background check is \$48. **There are two options to be fingerprinted for your background check:**

•You may come in to the KSBN office to have a live scan of your prints done for an additional \$7.50. Fingerprints are done Monday through Friday, 8:00 am to 3:30pm, no appointment necessary. Just make sure to bring driver's license or some form of Photo ID as well as some form of payment: check, exact cash, or debit/credit card. ***YOU DO NOT NEED TO REQUEST A FINGERPRINT PACKET TO BE SENT TO YOU IF YOU ARE COMING INTO THE OFFICE TO BE PRINTED.***

•Or you can be fingerprinted wherever you are located. It is not necessary that it be a law enforcement agency, it can be any place that is authorized to do fingerprints. Fingerprints to be submitted for background checks must be recorded on the current version of the FBI's Applicant Fingerprint Card, FD Form 258. Most agencies that process applicant fingerprint cards maintain a stock of these cards.

1. You will want to call ahead to wherever you are considering being printed to see if they have a card for you. IF NOT then contact KSBN at ksbn.kansas.gov and select "Finger Print Card Order Form" to have a fingerprint card and waivers mailed to you.
2. If they do provide a card for you please print out the "Waiver agreement and statement fingerprints based record check for noncriminal justice purposes" found on our website. You must take these in with you when you are printed as they do have to be completed at the time that the prints are taken.
3. Once fingerprint card and waivers are completed attach a check or money order for 48.00, made payable to Kansas Board of Nursing and mail to our address at 900 SW Jackson, Suite 1051, Topeka, KS 66612.

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

Fingerprint results are also valid for six months. They will expire six months after the date they are received in the agency.

(1) The expiration of each application shall be based upon the date of receipt at the agency.

(2) If 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.

**WAIVER AGREEMENT AND
FBI PRIVACY ACT STATEMENT**

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize **the Kansas State Board of Nursing** to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22- 5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, received on me, for the purpose to challenge the accuracy and completeness of any information contained in any such report. I may be afforded a reasonable amount of time to correct or complete the criminal history record (or decline to do so) before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption. See 28 CFR 50.12(b).

I understand that officials receiving the results of the criminal history record check are to use those results only for authorized purposes and are prohibited from retaining or disseminating such results in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council. (See 5 United States Code (USC) 552a(b); 28 USC 534(b); 42 USC 14616, Article IV(c); 28 CFR 20.21(c), 20.33(d), and 906.2(d).)

FBI PRIVACY ACT STATEMENT

Authority:

The FBI's acquisition, preservation, and exchange of information requested by this form is generally authorized under 28 U.S.C.534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L. 92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L. 94-29; Pub.L. 101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion or approval of your application.

Social Security Account Number (SSAN).

Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal agencies to use this number to help identify individuals in agency records.

Principal Purpose:

Certain determinations, such as employment, security, licensing, and adoption, may be predicated on fingerprint-based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

WAIVER AGREEMENT AND

FBI PRIVACY ACT STATEMENT (Cont.)

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

Routine Uses:

The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as may be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System

(Justice/FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement, counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing this application, they may have additional routine uses.

Additional Information:

The requesting agency and/or the agency conducting the application-investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice in the Federal Register describing any system(s) of records in which that agency may also maintain your records, including the authorities, purposes, and routine uses for the system(s).

RIGHT TO OBTAIN AND CHALLENGE ACCURACY OF CRIMINAL HISTORY RECORDS

You may request a copy of your state and/or national criminal history record from the Authorized Recipient for the purpose of challenging for accuracy and completeness.

Alternatively, you may obtain a copy of your **Kansas criminal history record information (CHRI)** to review for accuracy and completeness, by submitting a set of your fingerprints, a letter requesting your criminal history record, and payment of the appropriate fee to the KBI. For further details, including the current fee, visit the following Internet website: http://www.kansas.gov/kbi/info/info_brochures.shtml then find the brochure named "Record Checks for Non-Criminal Justice Purposes". Or, to provide official court documents to make a correction you may write to:

Kansas Bureau of Investigation
Attn: Criminal History Records
1620 SW Tyler
Topeka, Kansas 66612-1837

If a change is made to your Kansas criminal history record due to a challenge, a new copy of your Kansas criminal history record will be sent to the Authorized Recipient to make a final decision about your status as an employee, volunteer or contractor, or your eligibility for any pertinent license, certification or registration, or adoption.

To obtain a copy of your **national CHRI, also known as the Identity History Summary**, for review and challenge you must submit a set of your fingerprints and the appropriate fee to the FBI. Information regarding this process may be obtained at: <https://www.fbi.gov/services/cjis/identity-history-summary-checks>. Or, you may write to:

FBI CJIS Division
Attn: Criminal History Analysis Team 1
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

WAIVER AGREEMENT AND

FBI PRIVACY ACT STATEMENT (Cont.)

Fingerprint-Based Record Checks for Noncriminal Justice Purposes

The FBI will forward your challenge to the appropriate contributing agency to verify or correct the entry. Upon receipt of an official communication directly from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency (see 28 CFR 16.30 through 16.34). The Authorized Recipient must submit a new set of fingerprints and fee to receive the updated federal criminal history record.

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court:

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 5903.

I have been provided the Waiver Agreement, FBI Privacy Act Statement, and information how to challenge my criminal records for accuracy and completeness.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

TO BE COMPLETED BY THE FINGERPRINTING AGENCY:

Method of Verifying Identity:

Driver's License
 Military ID Card

State Issued ID Card

State/Branch: _____

ID Number: _____

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Name of Individual Verifying Identity: _____

AUTHORIZED RECIPIENT: 1. Must maintain original or arrange for KBI to maintain.

2. Must provide a copy to the applicant.