

I am affirming on behalf that:

\_\_\_\_\_, a graduate of \_\_\_\_\_ has met the educational/curriculum requirements of the Kansas State Board of Nursing as set forth by K.A.R 60-17-105.

List the course number, name, and credit hours obtained for the following:

1. Advanced pharmacology: \_\_\_\_\_
2. Advanced Pathophysiology: \_\_\_\_\_
3. Advanced Health Assessment: \_\_\_\_\_

Does this program meet the required 45 credit hours credit hours? \_\_\_\_\_ Yes \_\_\_\_\_ No

(If NO- the applicant will not be licensed until proof of 45 credit hours is obtained.)

The program has also met the number of practice hours required for licensure: Please check one of the following:

\_\_\_\_\_ This student started this advanced practice program **before March 1, 2025:** and has met the required number of practice hours of at least 500 practice hours in each clinical track for licensure.

\_\_\_\_\_ This student started this advanced practice program **on March 1, 2025, or after:** and has met the required number of practice hours of at least 750 practice hours in each clinical track for licensure.

(Please note: an official transcript will need to be submitted separately to the Board.)

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_