

Licensure, Website & Social Media

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Licensing



Licensing Department

RaeAnn Byrd, Licensing Supervisor - Endorsements, Advanced Practice Examination and Verifications

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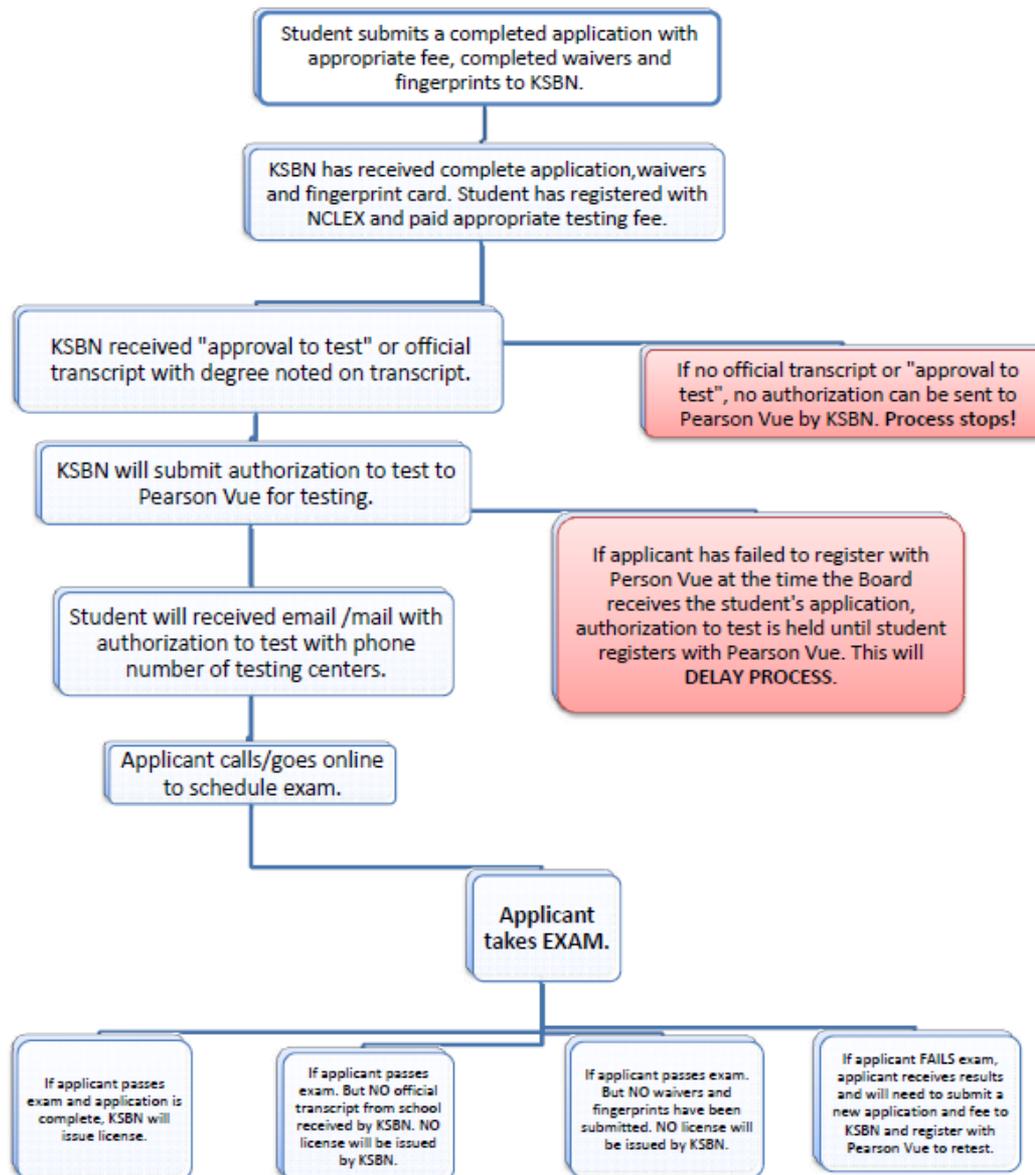
Katelynn Ladner – Front Desk

Katelynn.ladner@ks.gov

785-296-2967

Initial Application Process

Initial Application Process



KANSAS STATE BOARD OF NURSING

LONDON STATE OFFICE BUILDING

900 SW JACKSON, SUITE 1051

TOPEKA, KS 66612-1230

FINGER PRINT CARD

ORDER FORM

Name and complete address required to mail out a card, all incomplete submissions will be discarded. The telephone number and email address are optional and only used if we need to contact you about the finger print card order.

Name

Street Address

City

State

Zip Code

Telephone

E-Mail Address

Attestation

I realize that this application is a legal document and by pressing the Submit button you are declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

If all the above information is correct please press the Submit button .

Otherwise please go back and correct any information that is necessary.

Licensing



- Menu
- Register a Person

Welcome to the Kansas Board of Nursing

This site was created to give Nursing licensees the opportunity to manage their licenses online.

If you haven't already registered and wish to renew an existing practitioners license or address changes, click [here](#) to register (or click the **register a person** link on the left).

User Id:

Password:

[Click here](#) if you have forgotten your password.

- Register a Person
- Input your information and Search



- Menu
- Login Page

Search for Existing Personal/Professional Records

In order to renew an existing license, submit name or address changes, you must create a username and password and associate it to your records. This form allows you to search for your existing record.

1. Enter your information into *all three* fields below.
2. Press the **search button** to search for your record based on the information you provided.

Last Name:

Birth Date:
ex. 03/31/1960

SSN:
ex. 123456789

Initial Registration

We were unable to find your records based on the entered search criteria.

- If you do not currently hold a Nursing license with the Kansas State Board of Nursing and have not already submitted a paper application, the form below will allow you to register your personal information with the state and create a username and password. Complete the form below and press the **register** button to create your record. Once logged into the e-Government application you will be able to submit an electronic license application.
- If you currently hold a Nursing license with the Kansas State Board of Nursing or have already submitted a paper application to the state, click [here](#) to search again. Do not complete the form below to register as this will not allow you to access your license records. If you cannot find your record, or if you wish to apply for a new license, please contact the Kansas Board of Nursing at 785-256-4929.

Note that Required Fields are marked with an (*) a asterisk.

Name

Name (First): <input type="text"/>	Date of Birth: <input type="text"/> Calendar
<small>ex. Mr. Mrs. Dr.</small>	<small>MMDDYYYY</small>
*First Name: <input type="text"/>	*SSN: <input type="text"/>
	<small>ex. 123-456789</small>
Middle Name: <input type="text"/>	Gender: <input type="text" value="Please select a Gender"/>
*Last Name: <input type="text"/>	Ethnicity: <input type="text" value="Select"/>
Name Suffix: <input type="text"/>	Citizenship Status: <input type="text" value="Select"/>
<small>ex. Sr. Jr. III</small>	
National Provider ID: <input type="text"/>	

Address

Country: <input type="text" value="United States"/>	Phone: <input type="text"/>
	<small>ex. 301-555-1212</small>
*Line 1: <input type="text"/>	Fax: <input type="text"/>
<small>ex. 123 Fourth St.</small>	<small>ex. 301-555-1212</small>
Line 2: <input type="text"/>	*Email: <input type="text"/>
<small>ex. Apt. 100</small>	<small>ex. username@domain.com</small>
*City: <input type="text"/>	
Foreign Addresses: Enter city, region, postal code	
*State: <input type="text" value="KS"/>	
*Zipcode: <input type="text"/>	
<small>ex. 02703 or 02703-1234</small>	

User ID

*Username: <input type="text"/>	
<small>ex. jsmith</small>	
*Password: <input type="text"/>	*Confirm Password: <input type="text"/>
<small>Minimum 8 characters</small>	
*Password Question: <input type="text"/>	*Password Answer: <input type="text"/>
<small>ex. Favorite color?</small>	<small>ex. Blue</small>

Left:
First time registration, must complete everything.

Right:
Already registered, but don't remember User ID or Password

Registration

We were able to find your records based on the entered search criteria. Please review the information below and double check that the search returned your record.

- If the record below is yours, enter a username and password in the form below and press the **register** button to create your record. Once logged into the e-Government application you will be able to maintain your records, apply for an additional license, and renew an existing license.
- If the information below is not yours, click [here](#) to search again. If your records can not be found, click [here](#) for information on contacting the proper department/agency/board.

NOTE: Required fields are marked with an asterisk (*).

Name

Name (First): <input type="text"/>	Birth Date: <input type="text" value="3/31/1950"/>
First Name: <input type="text" value="Joe"/>	SSN: <input type="text"/>
Middle Name: <input type="text"/>	Gender: <input type="text" value="Male"/>
Last Name: <input type="text" value="Jones"/>	personEthnicity: <input type="text" value="Other"/>
Name Suffix: <input type="text"/>	personCitiStatus: <input type="text" value="Select"/>

Address

Country: <input type="text" value="United States"/>	Phone: <input type="text" value="7852564929"/>
Line 1: <input type="text" value="900 SW Jackson"/>	Fax: <input type="text"/>
Line 2: <input type="text"/>	Email: <input type="text" value="mjackson.state.ks.us"/>
City: <input type="text" value="Topeka"/>	
State: <input type="text" value="KS"/>	
Zip Code: <input type="text" value="66612"/>	

User ID

User ID: <input type="text" value="Jones,Joe"/>	<input type="button" value="X"/>
<small>ex. jsmith</small>	
*Password: <input type="text"/>	*Confirm Password: <input type="text"/>
<small>Minimum 8 characters</small>	
*Password Question: <input type="text" value="First Car"/>	*Password Answer: <input type="text" value="Mustang"/>
<small>ex. Favorite color?</small>	<small>ex. Blue</small>

Check Status of Your Application



Check the Status of your Application On Line

- Check the status 24 hours a day-7days a week
- May check a new application or renewal
- log into www.ksbn.org
- Click on “Check Status of Application”.
- Simply enter your UserID and Password or register so you will have a UserID and Password.
- To check the status of your application click on “view checklist” for each license you are applying for or renewing
- The licensure requirements will display showing what has been completed and what is outstanding. The outstanding items are marked **unchecked**.
- Items that have been received will be marked completed



Kansas Online Nursing License Renewal

Menu

Register a Person

Welcome to Kansas Board of Nursing

This site was created to give Nursing licensees the opportunity to manage their licenses online.

If you haven't already registered and wish to renew an existing practitioners license, or submit name or address changes, click [here](#) to register (or click the **register a person** link on the left).

User Id:

Password:

Login

Click [here](#) if you have forgotten your password.



Kansas Online Nursing License Renewal

Menu

- Renew License
- Address Change
- Logout

Licensing Home Page

The list below displays all licenses currently held by you and all licenses currently being applied for. To renew a license, click the **renew license** link on the left.

Personal Information

bob doe
 900 SW Jackson, Suite 1051 S
 Landon Building
 Topeka, KS 66612
 United States

Phone: 7858175939
Cell:
Email: it@ksbn.state.ks.us

Licenses

Registered Nurse		View Checklist	
License Number:	13-0001-121	License Status:	Active
Issue Date:		Expiration Date:	2/27/2010
Registered Nurse		View Checklist	
License Number:		License Status:	Reinstatement Pending
Issue Date:		Expiration Date:	
Registered Nurse		View Checklist	
License Number:	14-594291-121	License Status:	Active
Issue Date:	12/6/1998	Expiration Date:	1/30/2010



Kansas Online Nursing License Renewal

Menu

Licensing Home Page

Logout

Checklist Information

The license requirements for this license are listed below. Outstanding items are marked **unchecked**.

License Requirements

Item	Fee	Amount Due	Status	Complete Date	Processed By
Completed Application			Completed	Feb/15/12	Shelia Rice
License Fee			Completed	Dec/12/11	Shelia Rice
Fingerprint Fee			Completed	Feb/15/12	Shelia Rice
Approved by Legal			Completed	Feb/15/12	Shelia Rice
Transcript from school of nursing			Completed	Feb/15/12	Shelia Rice
Passed NCLEX			Completed	Feb/15/12	Shelia Rice



APPLICATION 

REFRESHER COURSE

RENEW LICENSE 

VERIFICATION OF
KANSAS LICENSE TO
ANOTHER STATE

LMHT

VERIFICATION 

DUPLICATE WALLET
CARD OR WALL
CERTIFICATE

FINGERPRINT CARD
ORDER FORM

MILITARY

AGENCY FEES

ONLINE INSTRUCTIONS

ONLINE LICENSE
PORTAL

NEED HELP WITH
ONLINE SERVICES?

ADDRESS CHANGE

NCLEX CANDIDATE
BULLETIN

GUIDELINES FOR
ACCOMMODATIONS FOR
NCLEX TESTING



Kan
Nur
Alexa Skill

Nursing License Verification.

READ MORE

exa skill



Need HELP with Online Services?

- [How Do I Register, Change My Password or Find My UserID?](#)
- [How Do I Renew My License Online?](#)
- [How Do I Change My Address Online?](#)
- [How do I Check the Status of My Application?](#)
- [How Do I Complete An Online Application?](#)

www.ksbn.org



Kansas Joins Nurse Licensure Compact

Read about the progress of the Nurse Licensure Compact in Kansas in the latest Nursing Newsletter!

READ MORE

Apply

Apply for a nursing license by Exam - Endorse from another state or Reinstate a lapsed license.

GET STARTED

Renew

Renew your Registered Nurse, Licensed Practical Nurse, Advanced Practice Registered Nurse or Licensed Mental Health Technician license.

READ MORE

Application Status

Check on the status of your nursing application.

VIEW NOW

Discipline Case List

Information regarding the action taken on the licenses or applications.

CASE LIST

The mission of the Board of Nursing is to assure the citizens of Kansas safe and competent practice by nurses and mental health technicians.



Online Services

Update personal information, change address, apply by exam, endorsement, renew or reinstate a



Education

Information for potential and current nursing students, nursing program administrators, education forms,



Nurse Practice Act

State laws which protect the public's health and welfare by overseeing and ensuring the safe practice of nursing.

EGov

- ❖ Online License Renewal
- ❖ Online License Applications
- ❖ Online Address Change
- ❖ Online Check Status of Application



- Menu**
- License Home Page
- Logout

Application for License Renewal

Select the license you would like to renew from the list below otherwise all licenses will be renewed. If you have multiple renewable license, you can only submit one renewal application at a time. Complete the process for each license you would like to renew.

There are some cases where individuals are not eligible to use the online license renewal process. If you have questions, please contact the board.

Renewable Licenses

Registered Nurse	Continue		
License Number:	14-594291-121	License Status:	Active
Issued:	12/6/1998	Expiration Date:	5/31/2010



- Menu**
- Address change
- Finish
- License Home Page
- Logout

Update Person Address

Update the information in the form below and press the **update** button to save the changes. **NOTE:** Required fields are marked with an asterisk (*).

Name

Full Name: bob doe
 Birth Date: 12/31/1975
 SSN: 111111111

Address

Country: Phone:
ex. 3015551212

Line 1: Fax:

Line 2: Email:

City:
Foreign Addresses:
 Enter city, region, postal code

State:

ZipCode:
ex. 02705 or 027051234



- Menu**
- License Home Page
- Logout

Checklist Information

The license requirements for this license are listed below. Outstanding items are marked **unchecked**.

License Requirements

Item	Fee	Amount Due	Status	Complete Date	Processed By
Completed Application			Completed	Oct/12/09	Tammie Bush
License Fee			Unchecked		Tammie Bush
Copy of current nursing license			Unchecked		Tammie Bush
30 hours of CE within the last two years			Unchecked		Tammie Bush
Approved by Legal			Unchecked		Tammie Bush

- Menu
- Register a Person**

Welcome to the Kansas Board of Nursing

This site was created to give Nursing licensees the opportunity to manage their licenses online.

If you haven't already registered and wish to renew an existing practitioners license or address changes, click [here](#) to register (or click the **register a person** link on the left).

User Id:

Password:

[Click here if you have forgot](#)

- Menu
- Login Page

Search for Existing Personal/Professional Records

In order to renew an existing license, submit name or address changes, you must create a username and password and associate it to your records. This form allows you to search for your existing record.

1. Enter your information into *all three* fields below.
2. Press the **search** button to search for your record based on the information you provided.

Last Name:

Birth Date:
ex. 03/31/1950

SSN:
ex. 123456789

- Register a Person
- Search
- Input Demographics
- Click Register

- Menu
- Login Page

Initial Registration

We were unable to find your records based on the entered search criteria.

- If you do not currently hold a Nursing license with the Kansas State Board of Nursing and have not already submitted a paper application, the form below will allow you to register your personal information with the state and create a username and password. Complete the form below and press the **register** button to create your record. Once logged into the e-Government application you will be able to submit an electronic license application.
- If you currently hold a Nursing license with the Kansas State Board of Nursing or have already submitted a paper application to the state, [click here](#) to search again. Do not complete the form below to register as this will not allow you to access your licensure records. If you cannot find your record, or if you wish to apply for a new license, please contact the Kansas Board of Nursing at 785-296-4929.

Note that Required Fields are marked with an (*) as **brisk**.

Name

First Name: Last Name:

Birth Date:

First Name Suffix: Last Name Suffix:

First Name: Last Name:

Middle Name:

Gender:

First Name: Last Name:

Relationship Status:

National Provider ID:

Address

Country:

Phone:

Line 1:

Line 2:

City:

State:

Zipcode:

User ID

User ID:

Password: Confirm Password:

Question: Answer:

- Login
- Select Initial Application
- Select License Type and Obtain by Method

Menu
Login Page

You have successfully registered!
Please login....

Kansas Board of Nursing © 2009 System Automation Corporation

Menu
Initial Application
Renew License
Demographics Update
Reinstate License
Cart
Logout

Licensing Home Page

The list below displays all licenses currently held by you and all licenses currently being applied for. To renew a license, click the **renew license** link on the left.

Personal Information

Joe Jones
900 SW Jackson
Topeka, KS 66612
United States

Phone: 7852964929
Cell:
Email: it@ksbn.state.ks.us

Licenses

No license

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Menu
Licensing Home Page
Logout

Application for Licensure

Select the profession, type and application method for the license you'd like to submit application.

PLEASE READ BEFORE MAKING SELECTION:

State/Providence: Enter the state of which you were originally licensed for the license type in which you are currently applying for in Kansas.

IMPORTANT: Applicant's who fall into one of the categories below will need to contact the KSBN office prior to reapplying online. KSBN staff will need to make you eligible to reapply for Kansas licensure/examination:

- Applicants who need to reapply to retake the NCLEX;
- Applicants who started the application process but their application expired at six (6) months and want to start the process over;

STOP! PLEASE READ:

If you are RE-INSTATING an exempt, inactive or expired LPN, RN or RNA license, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the bottom of the Cart page. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

If you are applying for an ADVANCED PRACTICE LICENSE for the first time and want a temporary permit, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the Cart. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

Once you've completed your application(s) and you are at the "cart" page you'll want to select the "checkout" button to pay the application(s) fee(s).

License Type Selection

Profession: --Select Profession--
 License Type: --Select License Type--
 Obtained By Method: --Select Obtained By--

Start Application



Menu

- Demographics
- Education
- Questions
- License Update
- Employment
- Finish

Licensing Home Page
Logout

Education

Your educational records are listed below
Press the **add button** to add new education records. If no changes are necessary, press the **complete button** to mark this step complete.
Please add a new record for each Certificate/Degree separately,

No education records

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•Add Education



•Select Degree Type and input your Nursing School Name

Menu

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- Education
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Licensing Home Page

Add Education Record

Enter your education information in the fields below. Press the **save button** when finished.

Profession:

School Type:

School:

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Menu

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- Education
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Licensing Home Page
Logout

Education

Your educational records are listed below
Press the **add button** to add new education records. If no changes are necessary, press the **complete button** to mark this step complete.
Please add a new record for each Certificate/Degree separately,

Delete	Edit	Wallace University
		Profession: Nursing School Type: Bachelors Degree Program

Kansas Board of Nursing © 2009 System Automation Corporation

•Select Complete to move on

Menu	
<input checked="" type="checkbox"/>	Demographics
<input checked="" type="checkbox"/>	Education
<input type="checkbox"/>	Questions
<input type="checkbox"/>	License Update
<input type="checkbox"/>	Employment
<input type="checkbox"/>	Finish
Licensing Home Page	
Logout	

Application Questions

Please answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). Click the **submit** button when you have answered the question(s).

Question	Answer
Have you ever been convicted of a misdemeanor or listed in KAR60-3-113?	Please Choose <input type="button" value="v"/>
Have you ever been convicted of a felony?	Please Choose <input type="button" value="v"/>
Are criminal proceedings pending in any federal state or municipal court?	Please Choose <input type="button" value="v"/>
Is an investigation and/or disciplinary action pending against any license, certification or registration (nursing or other)?	Please Choose <input type="button" value="v"/>
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?	Please Choose <input type="button" value="v"/>
Do you suffer from an impairment that affects your ability to practice nursing with reasonable skill and safety? Kansas law defines impairment as a physical or mental disability including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol (KSA 65-4924(a)).	Please Choose <input type="button" value="v"/>
Have you ever applied to take the NCLEX exam in any state/country?	Please Choose <input type="button" value="v"/>
List the state/country that you made the application? (Enter NA if not applicable)	
List the dates that you made the application? (Enter 'No' if not applicable)	
How many times have you previously taken the NCLEX exam? Answer 'No' if Not Applicable.	
List the dates that you took the NCLEX exam. Answer 'No' if Not Applicable.	
ENDORSEMENT/RENEWAL ONLY: Have you worked in the Nursing Profession in Kansas over the past 5 years? Answer 'No' if Not Applicable.	Please Choose <input type="button" value="v"/>
ENDORSEMENT ONLY: Do you wish to obtain a 120-day Temporary Permit? Answer 'No' if Not Applicable.	Please Choose <input type="button" value="v"/>
ENDORSEMENT ONLY: Have you ever received a temporary permit in Kansas to practice as an LPN or RN? Answer 'No' if Not Applicable.	Please Choose <input type="button" value="v"/>

If you have been convicted of a felony submit a certified copy of the court order outlining the charge(s), conviction(s) and sentencing order(s). A license will not be issued until the Kansas State Board of Nursing has fully reviewed the required documentation. K.S.A. 65-1120

Attestation

By clicking the **submit** button you 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 your knowledge.

Submit

•Answer ALL questions



- If no other Nursing License, place NA in the Original License Field

Menu

- Demographics
- Education
- Questions
- License Update
- Employment
- Finish

Licensing Home Page
Logout

Update License Information

Use the form below to update the supplemental information. Press the **save** button to save the changes.

License Number: Pending
Profession: Nursing
License Type: Registered Nurse
License Status: Pending
Issued:
Expired:

Original License Information

Please complete the information below about your Original Nursing License. If you do not have a previous license then please enter 'NA' in the Original License # field in order to complete this part of your application.

Original License Type

Original License #

Original State of Licensure

Original License Status



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- Demographics
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Licensing Home Page
Logout

Employment Information

This page displays the employment records associated with the person record. If you have worked as an RN, LPN or APRN within the past 5 years, you must list all Nursing employment for the last five (5) years.

Click the **edit** link to update an employment record. If no changes are necessary, press the **complete** button to mark this step complete and to proceed to the next step.

No employment records

- Include employment information if you've worked as a RN, LPN or APRN in the past 5 years.

- Demographics
- Education
- Questions
- License Update
- Employment
- Finish
- Licensing Home Page
- Logout

Application Questions

Please answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). Click the **submit** button when you have answered the question(s).

Question	Answer
Have you ever been convicted of a misdemeanor or listed in KAR60-3-113?	Please Choose <input type="button" value="v"/>
Have you ever been convicted of a felony?	Please Choose <input type="button" value="v"/>
Are criminal proceedings pending in any federal state or municipal court?	Please Choose <input type="button" value="v"/>
Is an investigation and/or disciplinary action pending against any license, certification or registration (nursing or other)?	Please Choose <input type="button" value="v"/>
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?	Please Choose <input type="button" value="v"/>
Do you suffer from an impairment that affects your ability to practice nursing with reasonable skill and safety? Kansas law defines impairment as a physical or mental disability including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol (KSA 65-4924(a)).	Please Choose <input type="button" value="v"/>
Have you ever applied to take the NCLEX exam in any state/country?	Please Choose <input type="button" value="v"/>
List the state/country that you made the application? (Enter NA if not applicable)	
List the dates that you made the application? (Enter 'No' if not applicable)	
How many times have you previously taken the NCLEX exam? Answer 'No' if Not Applicable.	
List the dates that you took the NCLEX exam. Answer 'No' if Not Applicable.	
ENDORSEMENT/REINSTATEMENT ONLY: Have you worked in the Nursing Profession in Kansas over the past 5 years? Answer 'No' if Not Applicable.	Please Choose <input type="button" value="v"/>
ENDORSEMENT ONLY: Do you wish to obtain a 120-day Temporary Permit? Answer 'No' if Not Applicable.	Please Choose <input type="button" value="v"/>
ENDORSEMENT ONLY: Have you ever received a temporary permit in Kansas to practice as an LPN or RN? Answer 'No' if Not Applicable.	Please Choose <input type="button" value="v"/>

If you have been convicted of a felony submit a certified copy of the court order outlining the charge(s), conviction(s) and sentencing order(s). A license will not be issued until the Kansas State Board of Nursing has fully reviewed the required documentation. K.S.A. 65-1120

Attestation

By clicking the **submit** button you 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 your knowledge.

- All questions must have be answered
- A couple questions apply only to endorsement/reinstatement applicants, however Initial applicants will answer “no” to these questions

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Update License Information

Use the form below to update the supplemental information. Press the **save** button to save the changes.

License Number: Pending
 Profession: Nursing
 License Type: Registered Nurse
 License Status: Pending
 Issued:
 Expired:

Original License Information

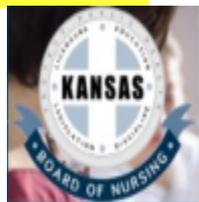
Please complete the information below about your Original Nursing License. If you do not have a previous license then please enter 'NA' in the Original License # field in order to complete this part of your application.

Original License Type

Original License #

Original State of Licensure

Original License Status



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Employment Information

This page displays the employment records associated with the person record. If you have worked as an RN, LPN or APRN within the past 5 years, you must list all Nursing employment for the last five (5) years.

Click the **edit** link to update an employment record. If no changes are necessary, press the **complete** button to mark this step complete and to proceed to the next step.

No employment records

←→

- If you do not currently have a Kansas nursing license.

- Add work history only if worked as a RN, LPN or APRN, otherwise leave blank and click “complete”

- Menu
- Demographics
- Education
- Questions
- License Update
- Employment
- Home
- Licensing Home Page
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Application Summary

The changes you have made are listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

When you have verified all information, click the **Submit** button to pay all applicable fees and submit your application.

Personal Information

Name: Joe Jones

License Address:

900 SW Jackson
Topeka, KS 66612
IN@ksbn.state.ks.us
7852964909

Licenses

Registered Nurse
License Number: Pending License Status: Pending
Issue Date: Expiration Date:

Question Responses

Question	Answer
Have you ever been convicted of a misdemeanor or listed in KCR 85-3-1137?	N
Have you ever been convicted of a felony?	N
Are criminal proceedings pending in any federal, state or municipal court?	N
Is an investigation and/or disciplinary action pending against any license, certification or registration (nursing or other)?	N
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?	N
Do you suffer from an impairment that affects your ability to practice nursing with reasonable skill and safety? Kansas law defines impairment as a physical or mental disability including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol (KSA 65-4224(a)).	N
Have you ever applied to take the NCLEX exam in any state/country?	N
List the state/country that you made the application? (Enter NA if not applicable)	NA
List the date that you made the application? (Enter NA if not applicable)	no
How many times have you previously taken the NCLEX exam? Answer NA if Not Applicable.	no
List the date that you took the NCLEX exam. Answer NA if Not Applicable.	no
RE INSTATING ONLY: Have you worked in the Nursing Profession in Kansas over the past 5 years? Answer NA if Not Applicable.	N
RE INSTATING ONLY: Do you wish to obtain a 120-day Temporary Permit? Answer NA if Not Applicable.	N
RE INSTATING ONLY: Have you ever received a temporary permit in Kansas to practice as an LPN or RN? Answer NA if Not Applicable.	N

Attestation

I realize that this application is a legal document and by pressing the **Submit** button, I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

False or inaccurate information may be grounds for discipline of a license or application for a license.

If all the above information is correct please press the **Submit** button. Otherwise please go back and correct any information that is necessary.

STOP! PLEASE READ:

If you are **RE INSTATING** an exempt, inactive or expired LPN, RN or RNA license, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the bottom of the Cart page. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

If you are applying for an **ADVANCED PRACTICE LICENSE** for the first time and want a temporary permit, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the Cart. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

Once you've completed your application(s) and you are at the "cart" page you'll want to select the "checkout" button to pay the application(s) fee(s).

- Menu
- Licensing Home Page
- Logout

Cart

The list below shows all the items in your cart. To pay for the items, click the **checkout** button. Use the **update** and **remove** buttons to modify your cart.

STOP! PLEASE READ:

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Licensee	Token	Description	Fee Amount	Update	Remove
Joe Jones	569143873	Application for Nursing/Registered Nurse		<input type="button" value="Update"/>	<input type="button" value="Remove"/>
		Application Fee	\$75.00		
		Total	\$75.00		

•Double check information, if ok click "add to cart"

•Double check fees, click checkout to pay



- Menu
- Licensing Home Page
- Logout

Application Fees

The accepted payment method is electronic check or credit/debit card (VISA, MasterCard, Discover or American Express.) There is a \$2.50 processing fee assessed for each online license application. Upon completion of the online application process, you will receive a confirmation screen. Without the confirmation number, it is possible the online application did not complete. You may contact Kansas.gov at 1-800-452-6727 for assistance. The Kansas State Board of Nursing reserves the right to assess you a \$30 service fee for all chargebacks and returns.

License Number	Description	Fee Amount
Pending	Application Fee	\$75.00

Pay by Credit Card
 Pay by E-Check

Payment Information for Test Application

Name and Address

* Name:
(as shown on credit card)

* Address:

Secondary Address:

* City:

* State/Province:

* Zip Code:
(i.e. 00000-0000)

* Country:

Account Information

Card Type:

* Card Number:

* Expiration Date:

Contact Information

* Phone Number:
(i.e. 000-000-0000)

* E-mail Address:

- Select Pay by Method
- Click Pay Online
- Click Continue once you've entered all your payment information

Application Submitted

Thank you for using the Kansas State Board of Nursing Online Services.

If you provided an email address, you will receive a confirmation that your application and payment was submitted.

Print this screen as a confirmation of payment.

If you submitted an Online Renewal Application, you may be selected for a CNE Audit. If you are selected for an audit, you will have 21 working days to submit copies of your continuing education certificates.

Application Information

Date Submitted: 17 October 2016
 Applicant Name: Joe Jones
 License Number:
 Agency: KSBON
 Process: Payment Cart

Payment Information

Authorization Code: 17517394
 Received Date: 10/17/2016 9:46:59 AM
 Transaction #: b35804e38c89cb8
 Fee Amount: \$75.00

For general license renewal questions, contact the Kansas State Board of Nursing

- Email: help@ksbn.state.ks.us
- Call (785) 296-4929 during the hours of 8am-4:30pm Monday - Friday

Submission of information does not guarantee your license has been processed.

[Print Receipt](#)

Payment Information for Test Application

Payment is NOT complete until you select "I Agree/Submit Payment" at the bottom of this page.

Please review the information below. If there are changes you need to make, select the "Make Changes" button to edit the information. After verifying all the information is correct, select the "I Agree / Submit Payment" button to proceed.

Your reference number is b35804e38c89cb8

Name and Address

Name: Joe Jones
(as shown on credit card)
 Address: 980 SW Jackson
 City: Topeka
 State/Province: Kansas
 Zip Code: 66612
 Country: United States

Account Information

Card Type: Visa Card
 Card Number: *****1111
 Expiration Date: 01/2018

Contact Information

Phone Number: 785-296-4929
 E-mail Address: rlj@ksbn.state.ks.us

[/ Make changes](#)

Cost Information

SKU	ID	Description	Quantity
APPLICATION FEE	559761	Application Fee	1

Total Order Amount: \$75.00

I understand that the above amount will be charged to my credit card, and that my credit card issuer may assess you a \$15 service fee for all chargebacks and related processing charges. Kansas.gov reserves the right to assess you a \$15 service fee for all chargebacks and related processing charges.

Please be patient once you have hit the "I Agree / Submit Payment" button, it may take up to 15 minutes for your application to be processed. Thank you for your patience.

NOTICE:

For Customers with Debit Cards: Please note our Originator ID has changed. Please contact your bank if you are having trouble with your debit card. Failure to allow debit by this Originator ID could cause your ACH debit to fail. Please contact your bank if you are having trouble with your debit card.

Your reference number is b35804e38c89cb8

I Agree / Submit Payment I Disagree / Cancel Order

- Be sure to click "I Agree/Submit Payment"
- Do not use the browsers back button.
- Print your receipt for your records.



Transaction Status

Your transaction has been successfully authorized.

Please do not use the browsers back button.

You will be redirected back to **Test Application**, where this action will be completed.
 IMPORTANT: If for some reason the redirection fails or does not redirect to **Test Application** within 30 sec, then you **MUST** click the link below to complete your order.
[Test Application](#)

Address Change



- Address change
- Finish
- Licensing Home Page
- Logout

Change Person Address

This Process can be used to change your address and contact information. If you need to make a change of name or other personal details, you will need to contact the board.

[Next](#)



- Address change
- Finish
- Licensing Home Page
- Logout

Update Person Address

Update the information in the form below and press the **update button** to save the changes. **NOTE:** Required fields are marked with an asterisk (*).

Name

Full Name: bob doe
Birth Date: 12/31/1975
SSN: 111111111

Address

Country:	United States	Phone:	7858175936 <small>ex. 3015551212</small>
Line 1:	901 Southwest Jackson St., Ste 11	Fax:	7853212277
Line 2:	The Landon State Office Building	Email:	adrian.guerre
City:	Topeka		
	<small>Foreign Addresses: Enter city, region, postal code</small>		
State:	KS		
ZipCode:	66612	Get City from Zip	
	<small>ex. 02705 or 027051234</small>		

[Next](#)

Verifications



Introduction

Welcome to the Kansas Board of Nursing License Verification Web site. This page is the official verification Web site of the [Kansas State Board of Nursing](#).

The Kansas Board of Nursing License Verification system provides for quick online nursing license verifications of active licensees. To use this system, you will need to know the name or the license number of the person for whom you are searching.

- Up to 5 results will be displayed per search

NEW! The KSNB License Verifications app is now mobile!



→ Begin Searching



Kansas Automated Nurse Notification System

Account Information

Kansas State Board of Nursing 1 (ksbn1)

Subscription Type: Tier 3 [Edit Information](#) [Change Password](#) [Log Out](#)

Recent Activity

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

Page 1 of 1

Select Licensee	Licensee Name <	Profession	License Number	License Expiration Date	Activity
<input type="checkbox"/>	Mary Irene Blubaugh	RN	13-50237	01/31/2012	Status changed
<input type="checkbox"/>	Melissa Dee Boyle	LPN	23-30466	10/31/2011	Expired
<input type="checkbox"/>	Eva Amy Curtis	RN	14-49873	10/31/2013	Renewed
<input type="checkbox"/>	Tammy Lynn Eastland	LPN	23-26613	10/31/2011	Expired
<input type="checkbox"/>	Christina Louise Espinosa	RN	13-76172	10/31/2011	Expired
<input type="checkbox"/>	Jeffrey E Estopare	RN	13-70171	11/30/2011	Unchanged
<input type="checkbox"/>	Greg Stafford Gaba	RN	14-77452	11/30/2011	Unchanged
<input type="checkbox"/>	Steven Lynn Hull	RN	13-96199	01/31/2012	Status changed
<input type="checkbox"/>	Helen Corene Lewis-brown	RN	14-53292	01/31/2012	Status changed
<input type="checkbox"/>	Mary E Peterson	LPN	23-29020	11/30/2011	Unchanged
<input type="checkbox"/>	Ethel Mae Ricketts	LPN	23-22600	11/30/2011	Unchanged
<input type="checkbox"/>	Nicole Helen Sloan	RN	13-98936	10/31/2011	Expired
<input type="checkbox"/>	Richard Howard Swan	RN	13-66480	10/31/2013	Renewed
<input type="checkbox"/>	Nakisha Denise Webster	LPN	23-29710	10/31/2013	Renewed
<input type="checkbox"/>	Mickey Lee Whitney	LPN	23-12715	10/31/2011	Expired

Page 1 of 1

Status recently changed Has disciplinary actions Renewed 30 days or less until license expires Expired

[E-mail](#) [View](#) [Hide](#)

Tracking List

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z ALL

Select Licensee	Licensee Name <	Profession	License Number	Activity
<input type="checkbox"/>	Deborah Ann Abreo	RN	14-52581	Unchanged
<input type="checkbox"/>	Christine Jessica Adams	LPN	23-31807	Expired
<input type="checkbox"/>	Wesley E Alexander	RN	13-87659	Unchanged
<input type="checkbox"/>	Jennifer Ann Allen	RN	13-80432	Expired
<input type="checkbox"/>	Bethleen Armstrong	RN	13-61391	Unchanged
<input type="checkbox"/>	Shannon Lee Arnold	RN	13-73530	Expired
<input type="checkbox"/>	Sharon Kay Arnold	RN	13-44952	Unchanged
<input type="checkbox"/>	Stacia Dawn Ayalla	LPN	23-32018	Expired
<input type="checkbox"/>	Marguerite Dawn Baringer	RN	13-73135	Expired
<input type="checkbox"/>	John Allen Barker	RN	13-65437	Unchanged
<input type="checkbox"/>	Brian Charles Barrager	LPN	23-21291	Expired
<input type="checkbox"/>	Brenda Ilene Bauman	RN	13-51738	Expired



KANN

Social Media

Social Media The Revolution



<https://www.youtube.com/watch?v=PkPrZbI5C3k>

twitter

facebook

www.ksbn.org

Keep Informed - Follow Us Online

flickrTM

YouTubeTM

KANSAS
BOARD OF NURSING

Tweets **1,531** Following **789** Followers **1,150** Likes **538** Lists **1** Moments **0** [Edit profile](#)

KS Board of Nursing

@ksnursingboard

Assuring the Citizens of Kansas safe and competent practice by nurses and mental health technicians

Topeka, Kansas

ksbn.org

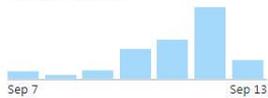
Joined September 2009

195 Photos and videos



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FPB Nursing at CWRU @f... [Follow](#)
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KS Board of Nursing @ksnursingboard · 22h
 KSBN Board President, JoAnn Klaassen, presented Rep. Dan Hawkins the @NCSBN Champion Award for his contribution to a cause of importance to the BON by leading legislative efforts in the KS House of Representatives to enact the enhanced Nurse Licensure Compact @NurseCompact #ksleg



1 5

KS Board of Nursing @ksnursingboard · 22h
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Kansas State Board of Nursing

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Liked Follow Share ...

Create Post Photo Album Live Video

Write a post...

Photo/Video Feeling/Activ... Write Note ...

Continually Reach More People
Get more clicks each month with an ongoing promotion

Reach People Nearby
Set your location and reach customers in your area

Photos



See All

Send Message

- Test Button
- Get Messages 5 - Based on the opinion of 36
- Edit Button
- Delete Button

Our Story

+ Finish your story to tell people more about your business.

Page Tips

See All

Know Friends Who Might Like Your Page?
Invite friends to like Kansas State Board of Nursing and help you connect with more people.

How to Create Effective Posts
Short, visual posts created for the right audience are more successful.

See All Page Tips 1

50% response rate, 6 days response time
Respond faster to turn on the badge

1,901 likes +1 this week
Rachal Lynn and 63 other friends

1,897 follows

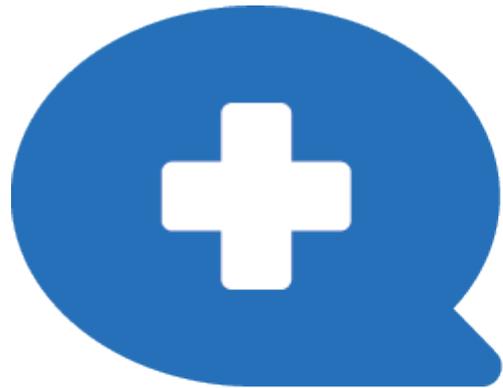
See Pages Feed
Posts from Pages you've liked as your Page

Boost "KSBN Board..." for \$5
This post is performing better than 95% of your posts. Boost it to reach up to 2,000...

148 were here 0 this week
Florida Pool and Darla Beckman

See All

Community



**Kansas
Nursing
Alexa Skill**

<https://ksbn.kansas.gov/alexa/>

What can you ask **Kansas Nursing?**



Alexa, ask Kansas Nursing...

what my license number is

when my license expires

when my license was issued

what my CEU requirements are

how I renew my license

what my license status is

to lookup a license

how long I have to renew my license

You can interact with the **Kansas Nursing Skill** by saying:

"Alexa, open Kansas Nursing."

"Alexa, ask Kansas Nursing a question."

"Alexa, ask Kansas Nursing..."



How to Enable the **Kansas Nursing Alexa Skill**

The easiest way to enable the skill is by saying "Alexa, enable Kansas Nursing". If that does not work, follow the steps below:

1. Go to "Menu" in the Alexa app or go to the Alexa Skills store on the Amazon website amazon.com/skills.
2. Search for "Kansas Nursing"
3. Select the skill and open the skill detail page
4. Select "Enable Skill" or ask Alexa to open the skill.



KSBN Kansas Nursing Alexa Skill Promo Video

15 views

👍 0 💬 0 ➦ SHARE ⌵ ⋮



Kansas.gov Channel
Published on Sep 7, 2018

SUBSCRIBE 72

Kansas Nursing is a first-in-class solution that allows users to quickly and easily look up a license, verify the status of an existing license, or find answers to frequently asked questions. By interacting with Alexa, Amazon's interactive virtual assistant, users can access KSBN's License Verification database via their Amazon Dot, Echo, or Show device. Kansas Nursing is now available in the Amazon app store.

Category [People & Blogs](#)

<https://www.youtube.com/watch?v=96Anyfnk2Rs>

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