

For Office Use Only
SPOUSE OF ACTIVE MILITARY MEMBER

KANSAS STATE BOARD OF NURSING
Landon State Office Building
900 SW Jackson, Ste 1051
Topeka, KS 66612-1230
(785) 296-4929

ADVANCED PRACTICE APPLICATION
For License to Practice

Last Name First Name Middle Name/Middle Initial

Previous Name(s)

Mailing Address

City State Zip Code

1. Date of Birth (MM)____(DD)____(YYYY) _____

2. Gender: Male:_____Female _____

3. Place of Birth: City _____ State _____ Country _____

4. 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)

5. Phone: Home (____)____ - _____ Cell (____)____ - _____ E-Mail _____

6. I have requested an official transcript showing completion of all requirements with the type of degree/certification conferred on the transcript be sent to the Kansas State Board of Nursing from:

School Name City, State

School Name City, State

Misdemeanor/Felony/Disciplinary information:

If you answer "yes" to any misdemeanor/felony/disciplinary question(s) on the application or have a criminal history on your background/history, the required documentation must be received by the KSBN or your application 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 KSBN Legal Department at 785-296-4325. Review the information about legal information for an explanation about the documentation that needs to be submitted if you answer "yes" to any of the following legal questions.

You must enclose the following documentation in addition to this application:

1. Copy of Military ID (Both Sides)
2. Copy of Drivers License
3. Copy of Military Orders
4. Copy of Marriage certificate to Active Military member

7. Have you ever been convicted of a felony? _____ Yes _____ No
8. Have you ever been convicted of a misdemeanor? _____ Yes _____ No
9. Do you have any pending criminal case against you for a felony offense or a misdemeanor offense? _____ Yes _____ No
10. Do you presently have any physical or mental problems or disabilities or abuse of drugs or alcohol that could affect your ability to practice nursing competently and safely? _____ Yes _____ No
(If yes, submit an explanatory letter and physician's release)
11. Have you ever had a license to practice nursing denied, revoked, limited or suspended, or publicly or privately censured by a licensing authority? _____ Yes _____ No
12. Have you ever had disciplinary action taken against you by a professional licensing authority? _____ Yes _____ No
13. Are you registered, certified, or licensed in any other profession? _____ Yes _____ No
If yes, list profession(s) _____
14. Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending? _____ Yes _____ No
15. Have you ever allowed any professional license to expire while an investigation or discipline was pending? _____ Yes _____ No
16. Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? _____ Yes _____ No
17. Kansas RN License Number _____ or Multistate NLC License Number _____

18. Role of Advanced Practice Registered Nurse in which you seek license to practice:

(Please submit separate application for each role)

_____ Nurse Practitioner

Specialty: _____

_____ Clinical Nurse Specialist

Specialty: _____

_____ Nurse Midwife

_____ Nurse Anesthetist

19. Registered Nurse Anesthetist ONLY:

_____ I have successfully completed the Council on Certification of Nurse Anesthetist examination:

Date of examination _____ Certificate Number _____

_____ I am a new graduate. Date you will be taking the exam: _____ (MM/DD/YYYY)

20. Do you have current malpractice insurance? _____ Yes _____ No

Malpractice insurance is required for licensure as a condition of rendering professional clinical services as an APRN. The only exception is to an APRN who: practices employment solely under the federal tort claims act or the Kansas tort claims act, an APRN who practices solely as a charitable healthcare provider under K.S.A 75-6102 or an APRN who is serving on active duty in the Armed Forces of the United States.

21. Please list the policy number of your malpractice insurance: _____

22. List the Name of the insurance company _____

23. Do you have national certification in the specialty for which you are applying for? Yes _____ No _____
(Certification is required for licensure pursuant to K.A.R. 60-11-103.)

-Certification Organization _____

-Certification Number _____

24. Do you wish to obtain a Temporary Permit while completing license requirements?
Yes _____ No _____

A temporary permit may be obtained when:

- Applicant is awaiting completion of board review of educational credentials.
- Applicant is awaiting completion of RN endorsement into Kansas; or
- RNA applicant awaiting results of initial certification exam.
- Applicant recently completed a program. A letter from the Dean of Nursing indicating all degree requirements have been met is being mailed separately to the Board.

25. Are you an active military member or spouse of the United States armed forces?
_____ Yes _____ No

26. Have you established or intend to establish residency in Kansas? _____ Yes _____ No

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 and I am the person that is providing the information.

I affirm that I have read and am familiar with the APRN practice requirements. I will register with the Federal Drug Enforcement administration to prescribe controlled substances and will comply with all Federal Drug Enforcement requirements related to controlled substances.

I will maintain malpractice insurance coverage as a condition of rendering professional clinical services as an APRN in Kansas.

Signature of Applicant

Date
