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 Fin	rst Name	Middle Nai	me/Midd	lle Initial	I have enclosed the following application fee, as well as a \$57 background check fee.			
Previous Name(s)					Application Fee: APRN with Temporary permit: \$100			
Mailing Address					APRN without Temporary permit: \$50			
City S	itate	Zip Code			CRNA/APRN with Temporary permit: \$110			
					CRNA/APRN without Temporary permit: \$75			
 Date of Birth (MM) Gender: Male:)			AND Background Check Fee: \$57			
3. Place of Birth: City	State)		Country				
4. Social Security No (Your social security number i child support enforcement pur	s required pursuant to 4	2 U.S.C.s 666(K.S.A. 74-139, and may be used for uest)			
5. Phone: Home ()	Cell ()		_E-Mail				
 I have requested an offinder degree/certification confidence 					ents with the type of e Board of Nursing from:			
School Name				City	, State			
				, State				
Misdemeanor/Felony/Dis	ciplinary informat	ion:						

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.

7	Have	you ever been	convicted	of a felonv?	? Yes	No
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8. Have you ever been convicted of a misdemeanor? Yes No

9.	Do you have an	y pending c	riminal case	against y	you for a	felony	offense or	a misdemea	anoroffense?
	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)

Revised: 2024-11

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 a spouse of an active duty military member of the United States armed forces? 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