



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 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

\_\_\_\_\_