

Affidavit of Work Hours

Kansas State Board of Nursing

(This form must be completed by the employer or authorized representative of the employer)

Name of Applicant _____

Social Security # _____

Name of Employer _____

Address of Employer _____

Dates of Employment _____

I hereby certify that _____ has worked (check the specialty that applies):

- 1000 hours as a Registered Nurse applying for endorsement
- 1000 hours as a Nurse Practitioner (within the preceding 5 yr. period) applying for reinstatement
- 1000 hours as a Clinical Nurse Specialist (within the preceding 5 yr. period) applying for reinstatement
- 1000 hours as a Registered Nurse Anesthetist (within the preceding 5 yr. period) applying for reinstatement
- 1000 hours as a Nurse Midwife (within the preceding 5 yr. period) applying for reinstatement

Printed name Signature _____

Signature _____

Position Title Date _____

Date _____

Phone Number _____

AFFIDAVIT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____, County of _____ ss.

SUBSCRIBED AND SWORN TO before me, this _____ day of _____ 20____

Signature of Notary Public

(NOTARY PUBLIC SEAL)

My Commission Expires: _____

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)
