

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

CONVERSION FROM RN/LPN SINGLE STATE
TO MULTISTATE LICENSE APPLICATION
Spouse of an Active Military Member Only

****Please note: Converting your single state RN/LPN license to a multistate license will NOT change your renewal cycle****

Demographic Information:

Name:

Do not use nicknames. If you do not have a middle name, leave the field blank. If you have just an initial for a first or middle name, write just the initial in the corresponding field.

Last Name	First Name	Middle Name/Middle Initial
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Previous Name (s)

Mailing Address

City	State	Zip Code
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1. Date of Birth (MM) ____ (DD) ____ (YYYY)_____ Gender: Male: ____ Female: ____

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

3. Social Security No. ____ - ____ - ____ **Social Security Number Required**

All applicants seeking licensure by KSBN, must have a valid social security number to be issued a license to practice nursing. (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)

4. Ethnic Information: __ African American __ Asian Indian
 __ Native American __ Asian - Other
 __ Hispanic __ Pacific Islander
 __ White-Non Hispanic __ Other

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

6. Are you a military spouse or a transition service member of the United States armed forces?
 ____ Yes ____ No

Please check one:

I am applying to change my current Kansas license from single state to multistate. ___RN ___LPN

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

1. Copy of Military ID (Both Sides)
2. Copy of Drivers License (Kansas DL is required for Multistate Status)
3. Copy of Military Orders
4. Copy of Marriage certificate to Active Military Member

*****APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS**

Nursing Education Information You will be notified if you need to submit a transcript:

7. Name of basic Nursing Education Program:

Please answer questions 8 & 9 if your nursing education program was located outside of the United States or a territory of the United States:

8. Is English your native language? Yes No

9. Was the program taught in English with English textbooks? Yes No

Misdemeanor/Felony/Disciplinary Information:

If you answer “yes” to any of the following misdemeanor/felony/disciplinary question(s) on this 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.

10. Have you ever been convicted of a felony?
 Yes No

11. Have you ever been convicted of a misdemeanor? Yes No

12. Do you have any pending criminal case against you for a felony offense or a misdemeanor offense?
 Yes No

13. Do you presently have any physical or mental problems or disabilities or abuse of drugs or alcohol that could affect your ability to competently and safely practice nursing?
 Yes No
(If yes, submit an explanatory letter and physician's release)

14. 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

15. Have you ever had disciplinary action taken against you by a professional licensing authority?
 Yes No

16. Are you registered, certified, or licensed in any other profession? Yes No
If yes, list profession(s) _____

17. Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending? Yes No

18. Have you ever allowed any professional license to expire while an investigation or discipline was pending? Yes No

19. Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? Yes No

The following questions must be answered if you are applying for a multistate license. Failure to answer these questions will disqualify you from receiving a multistate license.

Declaration of Primary State of Residency

20. To be considered for a multistate license, Kansas must be your primary state of residency. I declare Kansas as my primary state of residence and I am providing a Kansas address. ___ Yes ___ No

If you do not have a current Kansas mailing address, you must provide one of the documents in the section titled Declaration or Primary State of Residence in the instructions. If Kansas is not your primary state of residence, you are not eligible for a Kansas multistate license.

21. Do you hold an active Nurse Licensure Compact multistate license in another state?

___ Yes ___ No

A nurse may only hold one multistate license. If you currently hold a multistate license in another jurisdiction and you are not changing your primary state of residence to Kansas you should not submit an application for a multistate license.

22. Are you currently participating in a monitoring program approved by a licensing board?

___ Yes ___ No

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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.

Signature

Date (MM/DD/YYYY)

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

Date of Licensure: _____ License Number: _____