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

## **RN / LPN LICENSURE ENDORSEMENT APPLICATION**

Spouse of an Active Military Member Applicant Only

Demographic I	<u>nformation:</u>			You <u>must</u> enclose the following
	s. If you do not have a mid a first or middle name, wri	•	documentation:(Both Sides) 1. Copy of Military ID 2. Copy of Drivers License (Kansas DL is REQUIRED for Multistate Status)	
Last Name	First Name	Middle Name/Midd	le Initial	Copy of Military Orders     Copy of Marriage     certificate to Active     Military Member
Previous Name (s)				***APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS
Mailing Address				
City	State	Zip Code		
1. Date of Birth (	MM) (DD)	(YYYY) Gende	er: Male:	Female:
2. Place of Birth:	City	State	(	Country
All applicants seeking social security number	licensure by KSBN, must has required pursuant to 42		ber to be issue 8 and K.S.A. 7	ed ed a license to practice nursing. (Your 4-139, and may be used for child
4. Ethnic Informa	tion: African Am	erican Asian India	n	
	Native Ame	erican Asian - Oth	ier	
	Hispanic	Pacific Isla	nder	
	White-Non	Hispanic Other		
5. Phone: Home	()	Cell ()	E-Mail	
•	tary spouse or a tran	sition service member of	the United	States armed forces?

## **Nursing Education Information:**

Please answer questions 8 & 9 if your nursir States or a territory of the United States:	ng education program was	located outside	of the United
8. Is English your native language?	Yes No		
9. Was the program taught in English with E	nglish textbooks?	Yes No	
10. Original State of Licensure			
11. Do you wish to obtain a 120-Day temporapplicants with a single state license)?	•	Kansas <u>only</u> (only	y applies to
copy of the course syllabus and certificate of completion	1		
	·	,	•
13. Have you worked as an LPN, RN, LMH Yes No  If yes, list ALL NURSING employment for the attached page.)	e last five (5) years: <b>(If addition</b>	,	•
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Employer Name			Start Date (mm/yyyyy)	Contact Name
Mailing Address			Last Date Worked (mm/yyyy)	Contact Phone Number
City	ST	Zip		
	.====			
Employer Name			Start Date (mm/yyyyy)	Contact Name
Mailing Address			Last Date Worked (mm/yyyy)	Contact Phone Number
City	ST	Zip		
Misdemeanor/	Felony/Dis	sciplinary In	formation:	
			r/felony/disciplinary question(s)	on this application or
			und/history the required document	
			considered incomplete and can	
-			conviction or disciplinary action	
	-		785-296-4325. Review the information	
	_	-	n that needs to be submitted if you	<u> </u>
following legal qu		documentation	Tillat fleeds to be subfillited if you	answer yes to any or the
Tollowing legal qu	destions.			
14. Have you ev		victed of a felo	ony?	
15. Have you ev	er been con	victed of a mis	sdemeanor? Yes N	o
16. Do you have		g criminal cas	e against you for a felony offense o	or a misdemeanor offense?
that could affect	your ability t	o competently	mental problems or disabilities or a and safely practice nursing?sician's release)	
18. Have you ev privately censure	rer had a lice ed by a licens	ense to practic sing authority?	e nursing denied, revoked, limited	or suspended or publicly or
19. Have you ev		plinary action	taken against you by a professiona	I licensing authority?
			d in any other profession?	
21. Have you ev			any professional license while an i	nvestigation or discipline
22. Have you ev			al license to expire while an investi	gation or discipline was

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  25. To be considered for a multistate license, Kansas must be your primary state of residency. I declar 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.  26. 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.	abo	ove is true and correct to the best of my knowledge.
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25. Have you previously been licensed as an LPN? Yes No.	25.	. Have you previously been licensed as an LPN? Yes No
24. Have you previously been licensed as an RN? YesNo If yes, list license number(s), state/country where license(s) was issued and date of issue:		
certification, or registration by a professional licensing authority? Yes No	24.	