

**KANSAS STATE BOARD OF NURSING**  
**Landon State Office Building**  
**900 SW Jackson, Ste 1051**  
**Topeka, KS 66612-1230**  
**(785) 296-4929**

**INSTRUCTIONS FOR COMPLETION OF ENDORSEMENT APPLICATION**

Licensure in Kansas is mandatory to practice nursing. Applicants may not practice professional or practical nursing in Kansas until licensed or issued a temporary permit by the Kansas State Board of Nursing. The practice of nursing in the state of Kansas without a license is a violation of statute and violators will be prosecuted. Licensure in another state, territory or country does not grant applicants the privilege of practicing nursing in Kansas.

<p><b>Application Checklist</b> <b><u>Applications are legal document</u></b></p> <p>_____ All required blanks are completed – typed or in blue or black ink <small>(Corrections made with fluid or tape are not permitted)</small></p> <p>_____ Application is signed and dated</p> <p>_____ Appropriate fee is attached</p> <p>_____ All required additional documents are attached, signed and dated</p> <p>_____ Request for verification from original state of licensure is complete</p> <p>_____ Request for official transcript to be sent to KSBN is complete</p> <p>_____ Completed Fingerprint Card and Fee</p> <p>_____ Completed Fingerprint Waiver Agreement and Statement</p>
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**All information on the attached application must be complete and accompanied by the appropriate fee(s). All blanks must be completed unless otherwise noted (e.g. optional). Mail the original application you completed; no photocopies of completed applications will be accepted.**

Application fees may be paid by personal check, money order or cashier's check made payable to the Kansas State Board of Nursing. The application fee must accompany the application. Pursuant to K.A.R. 60-3-107 (b) Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months. (1) The expiration date of each application shall be based upon the date of receipt at the agency. (2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

**To determine if you are eligible to endorse your LPN/RN nursing license to Kansas the Kansas State Board of Nursing requires:**

- Graduation from an approved nursing program of practical nursing or professional nursing in the United States or its territories or from a nursing program for practical nursing or professional nursing in a foreign country which is approved by the KSBN.
  - **NOTE:** To meet qualifications of Kansas law, a nursing program must provide clinical experience across the lifespan. The clinical component of the program must entail an active process in which the student participates in nursing activities while being guided by a member of the faculty.
- Licensure by examination in another jurisdiction which utilized the State Board Test Pool Examination (SBTPE) or National Council Licensure Examination (NCLEX) as the licensing tool.

- **NOTE: LPN's licensed in Texas and California** – Because Texas did not utilize the SBTPE for LPN's between 1952 and 1968 and California did not use the SBTPE or the NCLEX from July 1974 to March 1986, individuals licensed in those jurisdictions during that time will not be licensed in Kansas until the NCLEX has been successfully completed.
- Graduates from any nursing program that do not document clinical experiences across the life span-who have been licensed as a RN in another state and worked a minimum of 1,000 hours as a RN- are eligible to apply for RN licensure in Kansas by endorsement.
  - [Affidavit of Work Hours](#) can be found on the KSBN website, have your employer complete and notarize this form to validate you have worked a minimum of 1,000 hours as a RN.
  - **If you are an Excelsior graduate, please contact KSBN's Education Department at 785.296.3782 for specific directions regarding Kansas licensure.**

## **Social Security Number Required**

All applicants seeking licensure by KSBN must have a valid social security number to be issued a license or temporary permit to practice nursing. While making application for a Social Security number, you may begin the application process. However, no license or temporary permit will be issued until proof of the Social Security number is submitted to Kansas State Board of Nursing.

### **Mailing Address**

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Ste 1051  
Topeka, KS 66612

## **All applicants must provide proof of completion/graduation from an approved nursing education program. The transcript must include the following:**

- Legal Name (first, middle (if applicable) and last)
- Degree Awarded
- Date of graduation and degree earned.

Contact your nursing program to have an official transcript sent by one of the following means, KSBN accepts:

- Electronic transcripts can be sent **DIRECTLY** to KSBN by your nursing program using Parchment or National Student Clearinghouse;
- If using National Student Clearinghouse, select the Education option to send the transcript: then select Kansas Board of Nursing or KSBN. \*\*\*If it asks for a SPECIFIC email and Kansas Board of Nursing DOES NOT populate for you, you must request the school to mail a transcript.
- Official transcript mailed **DIRECTLY** from your nursing program to the KSBN office at the below address:

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Suite 1051  
Topeka, KS 66612

## **Requirements for 120-Day Temporary Permit:**

The granting of a temporary permit is **discretionary** and in no circumstance guarantees licensure. You may be eligible for a **NONRENEWABLE** temporary permit which permits employment as a LPN/RN in the state of Kansas while the application is being processed. A temporary permit is valid for 120 days or until the

permanent license has been issued (whichever comes first). Prior to the issuance of a temporary permit, a completed endorsement application (and fee), criminal background check fingerprints/waivers (and \$48 fee), and proof of a current license in another state must be received by the Kansas State Board of Nursing for endorsement applicants.

Some examples in which a temporary permit may be denied include (but not limited to), if you:

- Have been under investigation or had/have disciplinary action pending in Kansas or any other state or agency of the U.S. Government, territory of the United States, or country.
- Have had past disciplinary action in another state or agency of the U.S. Government, territory of the United States, or country.
- Have had other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the U.S. Government, territory of the United States or country.
- Have a criminal history.
- No Social Security Number.

## **Verification of your original nursing license is required**

How to request verification:

- NURSYS participating states [click here](#)
- Non NURSYS participating states use the [verification form](#) provided on the KSBN website
- If you are unsure if your original state of licensure participates in NURSYS, go to the Nursys [list](#) to check

## **A Criminal Background Check is REQUIRED**

All applicants must submit a criminal background check prior to issuance of license or temporary permit. The cost for a criminal background check is \$48. There are two options to be fingerprinted for your background check:

- You may contact the KSBN office to have a live scan of your prints done for an additional \$7.50. Call 785-296-3375 and schedule an appointment, fingerprints are done Monday through Friday, 8:00 am to 3:30 pm.
- Or contact KSBN at [www.ksbn.org](http://www.ksbn.org) and select "Finger Print Card Order Form" to have a fingerprint card and waivers mailed to you. Fingerprints must be performed by trained law enforcement personnel. Contact your local sheriff or police station for assistance and additional details.

Pursuant to K.A.R. 60-3-107: Applications for endorsement while awaiting documentation of qualifications shall be active for six months.

- (1) The expiration of each application shall be based upon the date of receipt at the agency.
- (2) If the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

## **Internationally Educated Applicants**

K.A.R. 60-3106: Licensure Qualifications.

- (a) As part of the application process, each individual applying for licensure in Kansas who is a graduate of a foreign nursing program shall submit that individual's education and licensure credentials for evaluation to the commission on graduates of foreign nursing programs (CGFNS) or some other credentialing agency approved by the KSBN.
- (b) Any individual applying for licensure in Kansas who is a graduate of a foreign nursing program in which instruction was not in English may be granted a license if the individual meets all other requirements for licensure in effect at the time of application and shows proof of proficiency in English by passing any of the following:
  - (1) The test of English as a foreign language and the test of spoken English Or
  - (2) Similar examinations, as approved by the KSBN.

KSBN requirements for licensure by Kansas for applicants who were educated outside of the United States:

1. Proof of Education (via CGFNS evaluation of your education)
2. English Proficiency Examination (TOEFL), IF NURSING EDUCATION WAS NOT TAUGHT IN ENGLISH AND ENGLISH TEXT BOOKS WERE NOT USED
3. Valid Social Security Number
4. Criminal background check with no disqualifying factors

**Step One: Documentation of Education**

Graduates of an International Nursing Education Program:

KSBN requires the evaluation of education and nursing licenses not issued within the United States evaluated by an approved Credentialing Agency and have the professional report sent **DIRECTLY** to the Kansas State Board of Nursing.

**The currently approved credentialing agency by KSBN is:**

Commission on Graduates of Foreign Nursing Schools (CGFNS)  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone 215.349.8767  
<http://www.cgfns.org>

**Step Two: English Proficiency Examination**

Test of English as a Foreign Language (TOEFL):

1. If your primary language was not English or IF YOUR NURSING EDUCATION WAS NOT TAUGHT IN ENGLISH USING ENGLISH TEXTBOOKS YOU MUST SHOW PROFICIENCY IN ORAL AND WRITTEN ENGLISH.
2. Complete the TOEFL exam. It is an internet-based exam. A paper-based version of the exam is available in areas where internet based testing is not possible.
3. KSBN has approved the following scores for the TOEFL Exam:

Minimum Scores:

Writing	20
Speaking	20
Reading	19
Listening	20

**EACH AREA MUST MEET THE MINIMUM REQUIREMENT.**

The testing company is:

TOEFL Publications  
PO Box 6154  
Princeton, NJ 08541-6154  
Phone 609.771.7100  
<http://www.teofl.org>

The test is given in several locations in Kansas and in many other locations in the United States.

4. Request TOEFL results be sent **DIRECTLY** to Kansas State Board of Nursing by using **CODE NUMBER 9149** in the results reporting list. For more information go to [TOEFL](#).

Copies of the CGFNS professional report (education evaluation) or TOEFL (English proficiency examination) will **NOT** be accepted from the applicant, the official agencies must send report **DIRECTLY** to KSBN.

## **Legal – Misdemeanor/Felony/Disciplinary Action**

**Convictions:** If you have been convicted of a misdemeanor and/or felony, specific certified/dated copies of court documents (for EACH) conviction are **REQUIRED** and must be mailed to KSBN. The certified/dated copies must be current (dated within 3 months of submission). Without receipt of the **REQUIRED** documents, the application is considered incomplete and may result in a denial of licensure.

**Please note:** A **successfully completed** court-ordered Diversion is **NOT** a conviction, and **DOES NOT** need to be reported to KSBN. Also note that different courts may use different titles for similar court documents.

The following list is not all inclusive but represents the types of court documents that can be obtained from the office of the Clerk of the Court where the conviction occurred – City (municipal), county (district/circuit) or federal court.

- Uniform Notice to Appear and Complaint (e.g. ticket), Complaint/Petition or Indictment:
- DO NOT submit information regarding speeding or parking tickets.
- Amended Complaint/Petition or Indictment (indicates charges were increased/decreased from the original charges)
- Journal Entry of Judgment (Conviction) and Sentencing (this may be on the back side of the ticket or a separate piece of paper entitled "Journal Entry"
- Probation Agreement (if any) and current status
- Diversion Agreement (if any) and current status
- Proof that all fines, fees, costs and/or restitution have been paid or record of payment to date

Example of things to report to the KSBN:

Subject to reporting:

- All felonies.

And the following categories of misdemeanor are subject to be reported:

- Alcohol;
- any drugs;
- deceit;
- dishonesty;
- endangerment of a child or vulnerable adult;
- falsification;
- fraud;
- misrepresentation;
- physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- physical or verbal abuse;
- theft;
- violation of a protection from abuse order or protection from stalking order; or any action arising out of a violation of any state or federal regulation.

**DISCIPLINARY ACTION:** If you have been disciplined by any Board (e.g. professional licensure) or governmental agency (e.g. Department of Aging and Disability Services regarding CNA and HHA certification, Department of Revenue regarding a driver's license suspension, cancellation and/or revocation for any reason) you are **REQUIRED** to provide certified/dated copy of that Board order or disciplinary/administrative action. You may obtain a copy of your current Driver's record by going to any driver's license exam station with a current photo ID and request the document. A small fee is usually charged for a copy of your driving record.

**EXPLANATORY LETTER:** You are **REQUIRED** to submit an explanatory letter regarding **EACH** conviction and/or disciplinary/administrative action. The letter should include the following information:

- Date of the criminal offense or disciplinary action;
- Circumstances leading up to the arrest or disciplinary/administrative action;
- Actual conviction or disciplinary/administrative action;
- Actual sentence or board/regulatory agency order;
- Current status of sentence of order; and
- Rehabilitation (if any).

### **Legal Questions on Application**

If you answer yes to question(s) on the application or have a criminal history on your background/history, the required documentation must be received by KSBN or it 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 Kansas State Board of Nursing Legal Department at 785.296.1817.**

### **Check Application Status**

Access the KSBN website and click on "[check status of application](#)" log in and locate the license application, then click "View Checklist". When a requirement for licensure has been received it will be marked "complete" with the date it was processed. Should an item state "unchecked" the information either has not been received or it has not been processed (please allow 3-5 business days).

- [Check Status of Application](#) (on [KSBN](#) website)
- Log-in
- View Checklist (for application you're checking on)

**Please be advised "not applicable" means the item is NOT required or needed.**

### **Verify a Kansas License**

Access the KSBN website and click on "[license verification database](#)" and click "begin searching" (green button under picture of mobile devices). Select the tab for the way you would like to search, either "Search by License Number" or "Search by Name". Once your license has been issued or renewed it will display here with updates. You can print a current copy of your license anytime from this site free of charge.

For Office Use Only

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**ENDORSEMENT APPLICATION**

\_\_\_\_\_  
Last Name First Name Middle Name  
 Only Middle Initial  No Middle Name/Initial

\_\_\_\_\_  
Previous Name (s) Maiden Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City State Zip Code

1. Date of Birth (MM) \_\_\_\_ (DD) \_\_\_\_ (YYYY) \_\_\_\_\_

Gender: Male: \_\_\_\_ Female: \_\_\_\_

2. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

3. Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(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. I have requested an official transcript showing completion of all requirements with the type of degree/certification conferred on the transcript be sent to the Kansas State Board of Nursing from:

\_\_\_\_\_  
School Name City, State

\_\_\_\_\_  
School Name City, State

I have enclosed the following application fee, as well as a \$48 background check fee.

Application Fee:  
LPN: \$50 \_\_\_\_  
RN: \$75 \_\_\_\_  
LMHT: \$50 \_\_\_\_

And background check fee \$48. \_\_\_\_

I hereby apply for licensure by endorsement in the state of Kansas and submit the following as evidence of my qualifications.

School Name

City, State

7. Please mark one:

- I have requested verification of my original states licensure be sent to the Kansas Board of Nursing via NURSYS ([www.nursys.com](http://www.nursys.com)); **or**
- My original state of licensure does not participate in NURSYS, therefore I have contacted my original state of licensure and requested verification of my license be forwarded to the Kansas State Board of Nursing from \_\_\_\_\_ (State).

8. Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Any convictions of speeding or parking violations do not need to be reported.**

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach/mail a certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy.)

9. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Any convictions of speeding or parking violations do not need to be reported.**

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach/mail a certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

10. Are criminal proceedings pending in any federal or state court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_ Please attach/mail an explanatory letter.

11. Is an investigation and/or disciplinary action pending against **any** license, certification or registration? (Nursing or other): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_ Please attach/mail an explanatory letter.

12. Has **any** license, certification or registration (nursing or other) ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the U.S. Government, territory of the U.S. or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach/mail certified/dated copy of board order and/or governmental agency disciplinary action and explanatory letter. Note if previously submitted to KSBN and give KSBN case number. Do not send a second copy)

13. Have you worked as an LPN, RN, LMHT or APRN (NP, RNA, CNS, NMW) in Kansas over the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list **ALL** NURSING employment for the last five (5) years: **(If additional pages need, sign and date each attached page.)**

Name and Complete Address of Employer	Dates of Employment	Reason(s) for Leave	Contact Info:
Employer Name	Start Date (mm/yyyy)		Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City ST Zip			
Employer Name	Start Date (mm/yyyy)		Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City ST Zip			



Employer Name \_\_\_\_\_ Start Date (mm/yyyy) \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Last Date Worked (mm/yyyy) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name \_\_\_\_\_ Start Date (mm/yyyy) \_\_\_\_\_ Contact Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Last Date Worked (mm/yyyy) \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

14. Have you ever been licensed in Kansas as a LPN or RN? Yes \_\_\_\_ No \_\_\_\_

If yes: License Number \_\_\_\_\_ Date Issued: \_\_\_\_\_

License Number \_\_\_\_\_ Date Issued: \_\_\_\_\_

15. Original state of Licensure: \_\_\_\_\_  
License Type State Year Issued License Number

16. Do you wish to obtain a 120-Day Temporary Permit? Yes \_\_\_\_ No \_\_\_\_

17. Have you ever received a temporary permit in Kansas to practice as an LPN or RN? Yes \_\_\_\_ No \_\_\_\_

If yes, give date of permit: \_\_\_\_\_

18. LPN ONLY: Are you IV certified in another state? Yes \_\_\_\_ No \_\_\_\_

If certified in another state, you must complete the KSBN IV Therapy application (available at [www.ksbn.org](http://www.ksbn.org)) and attach a copy of the course syllabus and certificate of completion.

**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 Certificate: \_\_\_\_\_ License Number: \_\_\_\_\_