

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

RN / LPN LICENSURE ENDORSEMENT APPLICATION

Single state to single state and multistate to multistate

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 hereby apply for licensure as a

RN multistate \$125 ____

RN single state \$100 ____

LPN: multistate \$125 ____

LPN single state \$75 ____

Background check fee \$48 ____

Nursing Education Information:

7. Name and location 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

10. Original State of Licensure _____

11. Do you wish to obtain a 120-Day temporary Permit to practice in Kansas only (only applies to applicants with a single state license)? ____ Yes ____ No

12. **LPN Only:** Are you IV certified in another state (only applies to applicants with a single state license)? ____ Yes ____ No

If you are endorsing into Kansas from a state not part of the NLC, you must complete the KSBN IV Therapy application (available at https://ksbn.kansas.gov/wp-content/uploads/IV_Therapy/INDIVIDUAL-APPROVAL-LPN-IV-Therapy.pdf) and attach a copy of the course syllabus and certificate of completion

Employment History:

13. Have you worked as an LPN, RN, LMHT or APRN (NP, RNA, CNS, NMW) 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

Misdemeanor/Felony/Disciplinary Information:

If you answer “yes” to any 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.

14. Have you ever been convicted of a felony?
 Yes No
15. Have you ever been convicted of a misdemeanor? Yes No
16. Do you have any pending criminal case against you for a felony offense or a misdemeanor offense?
 Yes No
17. 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)
18. 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
19. Have you ever had disciplinary action taken against you by a professional licensing authority?
 Yes No
20. Are you registered, certified, or licensed in any other profession? Yes No
 If yes, list profession(s) _____
21. Have you ever voluntarily surrendered any professional license while an investigation or discipline case was pending? Yes No
22. Have you ever allowed any professional license to expire while an investigation or discipline was pending? Yes No

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

24. Have you previously been licensed as an RN? _____ Yes _____ No
If yes, list license number(s), state/country where license(s) was issued and date of issue:

25. Have you previously been licensed as an LPN? _____ Yes _____ No
If yes, list license number(s), state/country where license(s) was issued and date of issue:

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 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.

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 jurisdiction and you are not changing your primary state of residence to Kansas you should not submit an application for a multistate license.

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

Signature

Date (MM/DD/YYYY)

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

Date of Licensure: _____ License Number: _____