RN / LPN LICENSURE APPLICATION FOR EXAMINATION

Demographic Information:

Name: Use the same name to apply with KSBN and register with Pearson Vue. 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

Previous Name (s)

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. _____-_____-______ 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

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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. Date of Graduation/Anticipated Date of Graduation: _____________________________

11. Degree Awarded: _____ LPN _____ Associate Degree _____ Bachelor’s Degree

12. Have you ever made an application to take this exam in any state/country _____ Yes _____ No

13. If yes, please list state/country and date of application _________________________________

14. Number of times this exam taken ________ Dates exam taken ____________________________

   **If you have been unsuccessful in passing the NCLEX please review the information about re-examination for more information.**

Misdemeanor/Felony/Disciplinary Information:

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

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

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

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

18. 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)**

19. 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

20. Are you registered, certified, or licensed in any other profession? _____ Yes _____ No

   If yes, list profession(s) ________________________________

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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 a 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

26. 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.

27. 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.

28. 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 Exam: ____________________________
Date of Licensure: ________________________  License Number: ________________________

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