For Office Use Only

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

LICENSE RENEWAL APPLICATION

NOTE: If you are wanting to change from a single state license to multistate at the time of your license renewal, you need to complete the **NLC Conversion Application**, **not** this renewal application.

Please write LICENSE NUMBER in blank and CHECK all that apply

RENEW ACTIVE LICENSES:

(**Example: RN: 13-12345-678 $85 X)**

LPN _____ $85 _____
RN: _____ $85_____
LMHT: _____ $55 _____
NP: _____ $60 _____
CNS: _____ $60 _____
NMW: _____ $60 _____
RNA: _____ $60 _____

Exempt license:

LPN Exempt: _____ $50 _____
RN Exempt: _____ $50 _____
LMHT Exempt: _____ $50 _____
NP/CNS/NMW/RNA Exempt: _____ $50 _____

Inactive License:

LPN Inactive: _____ $10_____
RN Inactive: _____ $10_____
LMHT Inactive: _____ $10_____

Total Enclosed _____

_____
Last Name **First Name** **Middle Name**

_____
Previous Name (s)

_____
Mailing Address

_____
City **State** **Zip Code**

1. Date of Birth (MM) ____ (DD) ____ (YYYY) _____

2. 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.)

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

Misdemeanor/Felony/Disciplinary Information:

If you answer "yes" to any misdemeanor/felony/disciplinary question(s) on this application, 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 needed for an explanation about the documentation that needs to be submitted if you answer "yes" to any of the following misdemeanor/felony/disciplinary questions.

4. Since your last application, have you been convicted of a felony? _____ Yes _____ No

5. Since your last application, have you been convicted of a misdemeanor? _____ Yes _____ No

6. Since your last application, do you have any pending criminal case against you for a felony offense or a misdemeanor offense? _____ Yes _____ No

7. 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

8. Since your last application, have you had a license to practice nursing denied, revoked, limited or suspended, or publicly or privately censured by a licensing authority? _____ Yes _____ No

9. Since your last application, have you had disciplinary action taken against you by a professional licensing authority? _____ Yes _____ No

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

11. Since your last application, have you voluntarily surrendered any professional license while an investigation or discipline case was pending? _____ Yes _____ No

12. Since your last application, have you allowed any professional license to expire while an investigation or discipline was pending? _____ Yes _____ No.

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

14. Please select one:

_____ **Inactive**
If you wish to have your license placed on "Inactive" status, please place a check mark next to "INACTIVE". Complete questions 1 – 9, sign and date this application and return with the appropriate fee. Continuing education hours are not required for "Inactive" status.

_____ **Exempt (Must complete page 3)**
If you wish to have an exempt license (not regularly engaged in nursing practice in Kansas, but volunteer nursing service or are a charitable health care provider as defined by K.S.A. 75-6102), place a check mark next to "Exempt". Continuing education hours are not required for "Exempt" status. A copy of your contract with KDHE is required to establish your status as a charitable health care provider.

_____ **First Renewal Following Examination**
If you passed the NCLEX examination **less than 30 months prior to the expiration of your license** place a check mark next to "First Renewal". Continuing education hours are not required for "First Renewal" status.

_____ **Endorsement or Reinstatement less than 9 months prior to license expiration**
If you received your license in Kansas through endorsement or reinstatement less than 9 months prior to the license expiration date, place a check mark next to "Endorsement or Reinstatement". Continuing education hours are not required for "Endorsement/Reinstatement" status. If you have questions about whether you need CNE or the date of issue of your license, please contact KSBN.

_____ **Renewal –Continuing Nursing Education Required**
Mandatory Continuing Nursing Education you must complete at least 30 contact hours of continuing nursing education approved by a state board of nursing or national nursing organization. CNE that has not been approved for nursing (such as college courses) must be submitted prior to renewal using the Individual Offering Approval form. If selected for an audit of CNE hours, notification will be received by mail and you will be given 21 days to submit copies of CNE to the Board office. DO NOT mail copies of CNE certificates with your renewal.

Please read carefully and answer the following Continuing Education (CNE) question. If you do not have the 30 hours of CNE as required in K.S.A. 65-1117 do not renew until you have the required hours.

14. Have you obtained 30 hours of **preapproved** CNE for re-licensure as required by KSA 65-1117? Yes ___ No ___

15. List states (other than Kansas), territories, or countries in which you have ever been licensed (active and expired) and the type of Nursing license you held (LPN, RN, NP, CNS, NMW, RNA). **(If additional pages are needed, sign and date each attached page.)**

_____ Not applicable (Never permanently licensed in another state.)

State/Type	License #	Date of original issue

State/Type	License #	Date of original issue

16. Are you a military spouse or a transition service member of the United State armed forces? _____ Yes _____ No

Interested in volunteering your skills in a disaster or other emergency? Register on K-SERV, a new data base designed to improve volunteer management during disasters. Go to https://kshealth.kdhe.state.ks.us and select "login or register for K-SERV."

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)

COMPLETE ONLY IF YOU ARE APPLYING FOR EXEMPT STATUS

Exempt Status: (You must answer yes to one of the following)

A. Are you providing, or do you intend to provide, volunteer nursing or mental health technology services?
Yes _____ No _____

If yes, provide the following information for each business, organization or individual for whom you will volunteer:

Business Name	Address	Contact Name	Contact phone number
Business Name	Address	Contact Name	Contact phone number
Business Name	Address	Contact Name	Contact phone number

B. Are you a charitable health care provider as defined by K.S.A. 75-6102? Yes ___ No ____

If you are a charitable health care provider, attach a copy of your agreement with the Secretary of Kansas Department of Health and Environment acknowledging your status as a charitable heath care provider under K.S.A. 75-6102 and amendments thereof.

Please provide name, address and phone number where you are providing charitable health care:

Business Name	Address	Contact Name	Contact phone number

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)**