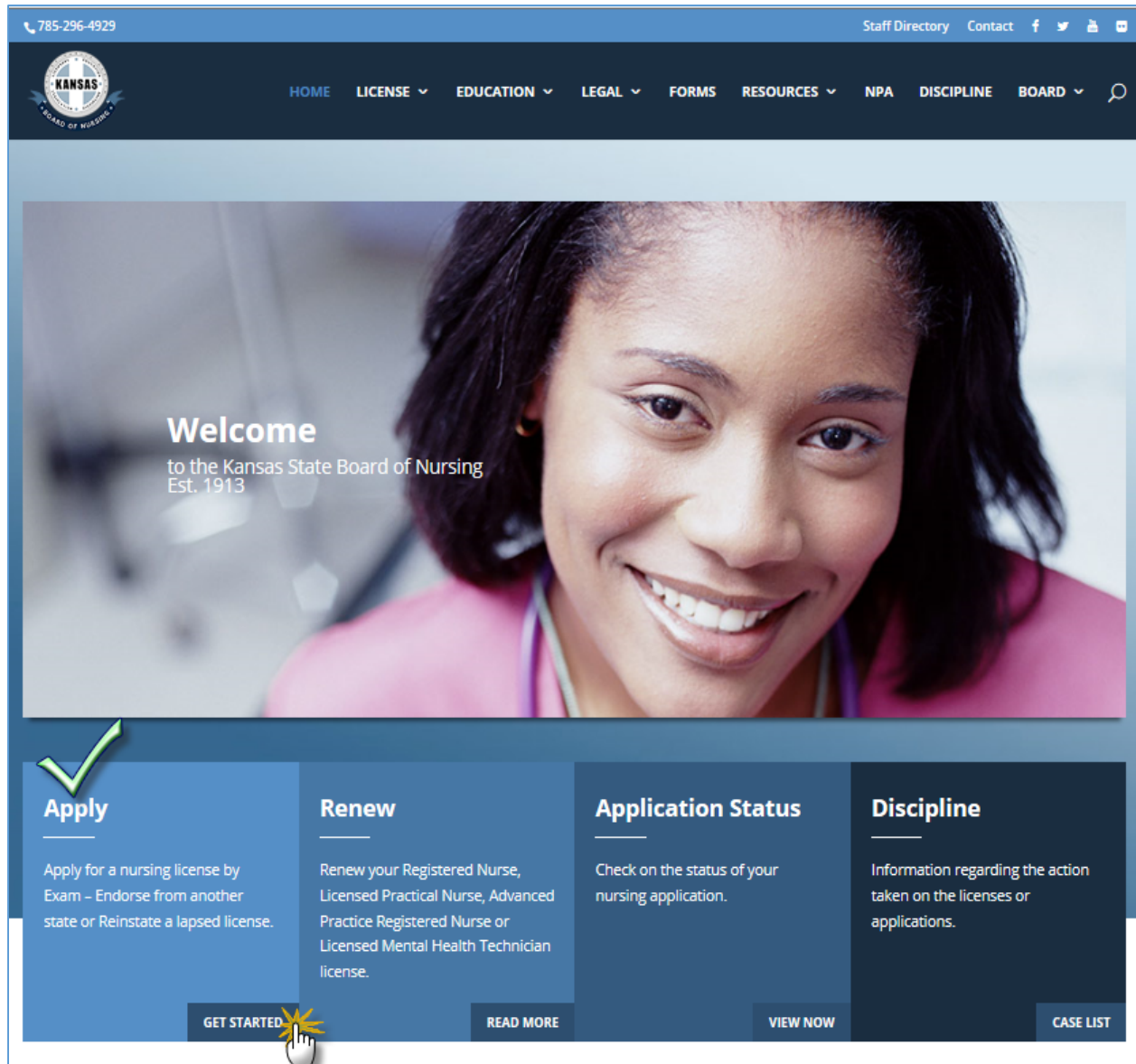


Application Process

Locate “Apply” (see green checkmark) then click “Get Started”.



Once you have clicked “Get Started” you should get a window similar to the one below. You will need to select the type of application you are needing to complete.

What type of nursing application do I need to complete?

Reinstatement Application:

- You have or have had a license in the state of Kansas that you’ve allowed to expire or you’ve placed it on inactive or exempt status and are needing/wanting an active license again in the state of Kansas.

Exam Application:

- You have graduated from an approved nursing program (RN or LPN) and are needing to sit for the NCLEX to obtain your nursing license as a RN or LPN.

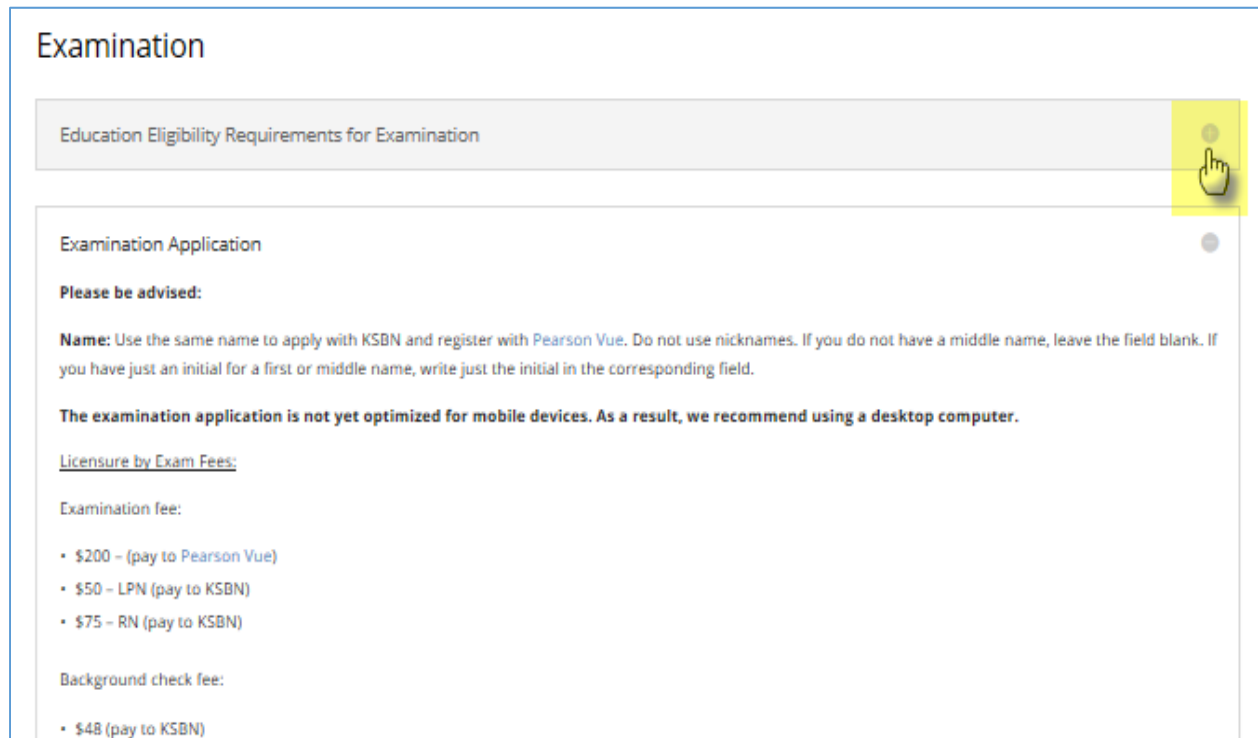
Endorsement Application:

- You currently hold an active nursing license (RN or LPN) in another state and are needing to obtain a Kansas license to practice in the state of Kansas.

APRN Application:

- You have graduated from an approved APRN (NP, NMW, CNS or CRNA) program or have an active APRN license in another state and are needing to obtain a Kansas APRN license.

Once you have selected your application type you will get a grouping of instructions for that application type. You must click on the plus (+) sign at the end of each box for the box to expand so that you can read the instructions for that specific application type. Each expandable box has specific information for the heading, to assure you have all needed information be sure to read ALL SECTIONS of the application instructions. The page will look similar to the one below.



The screenshot shows a web interface titled "Examination". Below the title is a section header "Education Eligibility Requirements for Examination". To the right of this header is a yellow button with a plus sign and a hand cursor icon, indicating it is expandable. Below this is another expandable section titled "Examination Application", also with a plus sign and hand cursor icon. The content of the "Examination Application" section includes:

Please be advised:

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.

The examination application is not yet optimized for mobile devices. As a result, we recommend using a desktop computer.

Licensure by Exam Fees:

Examination fee:

- \$200 – (pay to Pearson Vue)
- \$50 – LPN (pay to KSBN)
- \$75 – RN (pay to KSBN)

Background check fee:

- \$48 (pay to KSBN)

When done reading and ready to complete your application, you can click on the minus (-) sign that has replaced the plus (+) sign to close each section.

Now you will want to click on the "Online License Portal", this will open the window to start your application process.

If you have never used our online application services or have and have forgotten your User ID and/or Password, you will need to click on “Register a Person” (hand number 1) and follow the steps. (There is an online help tool available if you have any questions about the registration process.)

However if you have already registered and know your User ID and Password, enter your User ID and Password in the correct fields and click the “Login” button (hand number 2).



Menu
Register a Person

Welcome to the Kansas Board of Nursing

This site was created to give Nursing licensees the opportunity to manage their licenses online.

If you haven't already registered and wish to submit an application, renew an existing practitioners license or address changes, or if you are unsure of your User ID or Password, click [here](#) to register (or click the **register a person** link on the left).

User Id:

Password:

[Login](#)

Click [here](#) if you have forgotten your password.

Again select your application type from the menu, see list below as to what application is included in each area.

Initial Application:

Endorsement – Licensed in another state and applying for a Kansas license (LPN, RN).

APRN – Any individual applying for an APRN license in Kansas (You must either have an active Kansas RN license or have an application on file for a RN license in Kansas.)

Exam- Originally Licensed in Kansas – You are applying to sit for the NCLEX through Kansas.

Reinstatement:

You have had a Kansas license (any nursing license, LPN, RN or APRN) and have allowed it to lapse, placed it on inactive or exempt status and need to reactive it to active status.

Renew License:

You have an active license (not an expired) and need to simply renew it.

Menu	Licensing Home Page								
Initial Application	<p>The list below displays all licenses currently held by you and all licenses currently being applied for. To renew a license, click the renew license link on the left.</p> <p>Personal Information</p> <table> <tr> <td>bob doe</td> <td>Phone: 7858175936</td> </tr> <tr> <td>200 8th Street</td> <td>Cell:</td> </tr> <tr> <td>Wichita, KS 67212</td> <td>Email: tony.blubaugh@ksbn.state.ks.us</td> </tr> <tr> <td>United States</td> <td></td> </tr> </table> <p>Licenses</p>	bob doe	Phone: 7858175936	200 8th Street	Cell:	Wichita, KS 67212	Email: tony.blubaugh@ksbn.state.ks.us	United States	
bob doe		Phone: 7858175936							
200 8th Street		Cell:							
Wichita, KS 67212		Email: tony.blubaugh@ksbn.state.ks.us							
United States									
Renew License									
Address Change									
Reinstate License									
Cart									
Logout									

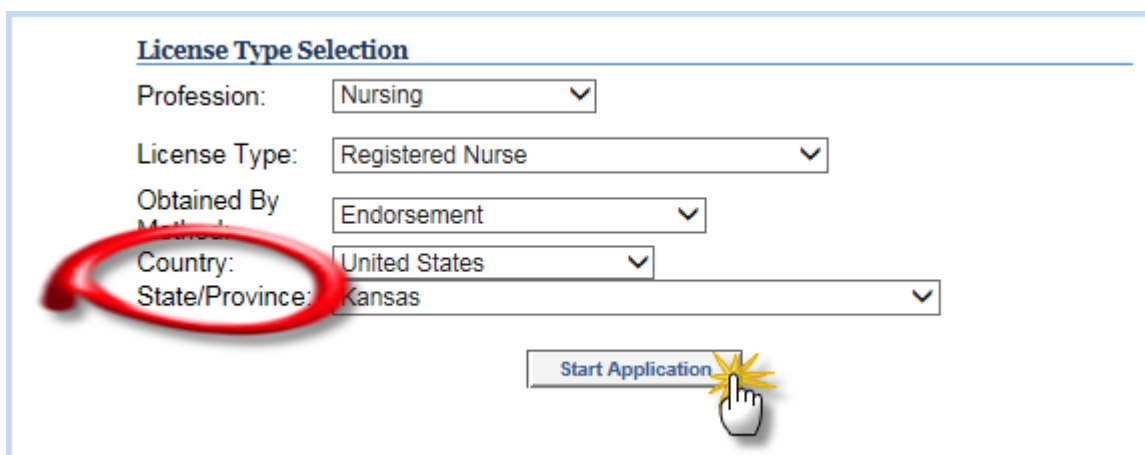
After you select your application type from the menu, you will get a window similar to the one below. You will need to select your "Profession", "License Type" and "Obtained by Method" from each corresponding dropdown.

After you select the appropriate criteria from the drop downs, if you have selected "endorsement" two new fields will appear, Country and State/Province. There two fields are the state in which you were originally licensed.

Once you have entered the required information, click the "Start Application" button at the bottom of the page.

Menu	Application for Licensure						
Licensing Home Page	<p>Select the profession, type and application method for the license you'd like to submit application.</p> <p>PLEASE READ BEFORE MAKING SELECTION:</p> <p><u>State/Province:</u> Enter the state of which you were originally licensed for the license type in which you are currently applying for in Kansas.</p> <p>IMPORTANT: Applicant's who fall into one of the categories below will need to contact the KSBK office prior to reapplying online. KSBK staff will need to make you eligible to reapply for Kansas licensure/examination:</p> <ul style="list-style-type: none"> • Applicants who need to reapply to retake the NCLEX; • Applicants who started the application process but their application expired at six (6) months and want to start the process over; <p>STOP! PLEASE READ:</p> <p>If you are REINSTATING an exempt, inactive or expired LPN, RN or RNA license, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the bottom of the Cart page. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.</p> <p>If you are applying for an ADVANCED PRACTICE LICENSE for the first time and want a temporary permit, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the Cart. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.</p> <p>Once you've completed your application(s) and you are at the "cart" page you'll want to select the "checkout" button to pay the application(s) fee(s).</p> <p>License Type Selection</p> <table> <tr> <td>Profession:</td> <td>--Select Profession-- ✓</td> </tr> <tr> <td>License Type:</td> <td>--Select License Type-- ✓</td> </tr> <tr> <td>Obtained By Method:</td> <td>--Select Obtained By-- ✓</td> </tr> </table> <p>Start Application</p>	Profession:	--Select Profession-- ✓	License Type:	--Select License Type-- ✓	Obtained By Method:	--Select Obtained By-- ✓
Profession:	--Select Profession-- ✓						
License Type:	--Select License Type-- ✓						
Obtained By Method:	--Select Obtained By-- ✓						
Logout							

Some application types may get additional fields upon selecting obtained by methods, see below.



License Type Selection

Profession:

License Type:

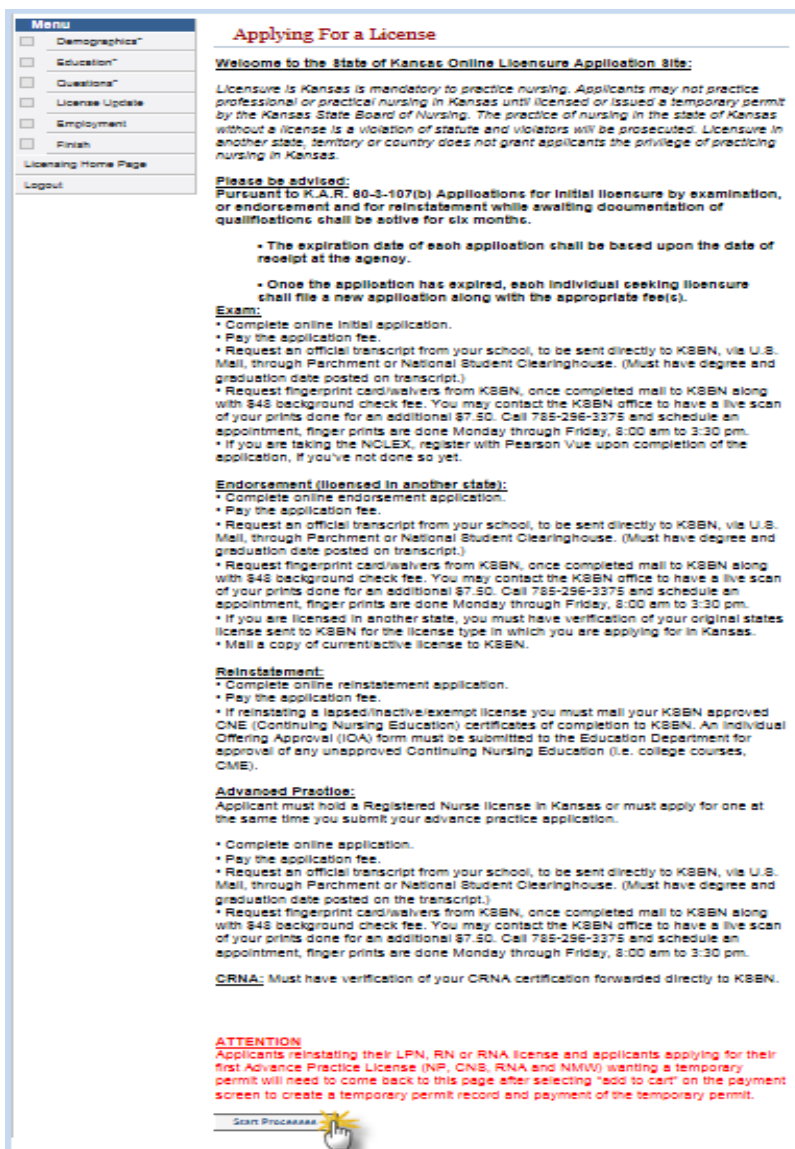
Obtained By Method:

Country:

State/Province:

[Start Application](#)

Once you click the “Start Application” button you will get the screen below, please be sure to read the information before clicking the “Start Process” button at the bottom of the page.



Menu

- ☐ Demographics
- ☐ Education
- ☐ Questions
- ☐ License Update
- ☐ Employment
- ☐ Finish
- ☐ Licensing Home Page
- ☐ Logout

Applying For a License

Welcome to the State of Kansas Online Licensure Application Site:

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.

Please be advised:
Pursuant to K.A.R. 80-3-107(b) Applications for Initial licensure by examination, or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months.

- The expiration date of each application shall be based upon the date of receipt at the agency.
- Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee(s).

Exam:

- Complete online initial application.
- Pay the application fee.
- Request an official transcript from your school, to be sent directly to KSBN, via U.S. Mail, through Parchment or National Student Clearinghouse. (Must have degree and graduation date posted on transcript.)
- Request fingerprint card/waivers from KSBN, once completed mail to KSBN along with \$48 background check fee. 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, finger prints are done Monday through Friday, 8:00 am to 3:30 pm.
- If you are taking the NCLEX, register with Pearson VUE upon completion of the application, if you've not done so yet.

Endorsement (licensed in another state):

- Complete online endorsement application.
- Pay the application fee.
- Request an official transcript from your school, to be sent directly to KSBN, via U.S. Mail, through Parchment or National Student Clearinghouse. (Must have degree and graduation date posted on transcript.)
- Request fingerprint card/waivers from KSBN, once completed mail to KSBN along with \$48 background check fee. 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, finger prints are done Monday through Friday, 8:00 am to 3:30 pm.
- If you are licensed in another state, you must have verification of your original state license sent to KSBN for the license type in which you are applying for in Kansas.
- Mail a copy of current/active license to KSBN.

Reinstatement:

- Complete online reinstatement application.
- Pay the application fee.
- If reinstating a lapsed/inactive/exempt license you must mail your KSBN approved CNE (Continuing Nursing Education) certificates of completion to KSBN. An Individual Offering Approval (IOA) form must be submitted to the Education Department for approval of any unapproved Continuing Nursing Education (i.e. college courses, CME).

Advanced Practice:

Applicant must hold a Registered Nurse license in Kansas or must apply for one at the same time you submit your advance practice application.

- Complete online application.
- Pay the application fee.
- Request an official transcript from your school, to be sent directly to KSBN, via U.S. Mail, through Parchment or National Student Clearinghouse. (Must have degree and graduation date posted on the transcript.)
- Request fingerprint card/waivers from KSBN, once completed mail to KSBN along with \$48 background check fee. 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, finger prints are done Monday through Friday, 8:00 am to 3:30 pm.

CRNA: Must have verification of your CRNA certification forwarded directly to KSBN.

ATTENTION
Applicants reinstating their LPN, RN or RNA license and applicants applying for their first Advance Practice License (NP, CNS, RNA and NMN) wanting a temporary permit will need to come back to this page after selecting "add to cart" on the payment screen to create a temporary permit record and payment of the temporary permit.


[Start Process](#)

This is a larger screenshot of the “Start Process” button located at the bottom of the “Applying For a License” page above.

with \$48 background check fee. 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, finger prints are done Monday through Friday, 8:00 am to 3:30 pm.

CRNA: Must have verification of your CRNA certification forwarded directly to KSBN.

ATTENTION
Applicants reinstating their LPN, RN or RNA license and applicants applying for their first Advance Practice License (NP, CNS, RNA and NMW) wanting a temporary permit will need to come back to this page after selecting “add to cart” on the payment screen to create a temporary permit record and payment of the temporary permit.

[Start Processes](#) 

When the below screen opens you will need to enter your personal information, then click the “Update” button located at the bottom of the window.

Menu

- ☐ Demographics
- ☐ Education*
- ☐ Questions*
- ☐ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Update Person Address

Update the information in the form below and press the **update** button to save the changes. **NOTE:** Required fields are marked with an asterisk (*).

Name

Full Name: bob doe

Citizenship Status:

Birthdate:

Ethnicity:

SSN:

Place of Birth:

Gender:

Languages Spoken

English ☐

Spanish ☐

Other Languages (please specify)

Address

Country:

Phone:
ex. 3015551212

Line 1:

Fax:

Line 2:

Cell:

Email:


City:

Foreign Addresses:
Enter city, region, postal code

County:

State:

ZipCode:
ex. 02705 or 027051234

[Update](#) 

On the Nursing Education window you only need to include Nursing Education (degrees). You add education by clicking on the “Add” button need bottom of window (hand 1).

If you already have education information in this window, double check the information and if correct, click the “Complete” button (hand 2). **Then scroll down to the APPLICATION QUESTIONS page.**

The screenshot shows the 'Nursing Education' window. On the left is a 'Menu' sidebar with options: Demographics* (checked), Education, Questions*, License Update, Employment, Finish, Licensing Home Page, and Logout. The main content area is titled 'Nursing Education' and contains the following text: 'Your nursing educational records are listed below.', 'Press the **add button** to add new education records. If no changes are necessary, press the **complete button** to mark this step complete.', and 'Please add a new record for **each Certificate/Degree** separately,'. At the bottom, there are two buttons: 'Add' (with a hand icon labeled '1') and 'Complete' (with a hand icon labeled '2').

If you have education information already entered or you realize you entered something incorrectly, you can click the word “Edit” by the degree type to make changes.

This screenshot shows the 'Nursing Education' window with two existing records. Each record has an 'Edit' link. The first record is for 'Nursing USA' with 'Profession: Nursing' and 'School Type: Associate Degree Program', resulting in 'RN, Associate Degree'. The second record is for 'Masters School' with 'Profession: Nursing' and 'School Type: Masters Degree Program', resulting in 'Masters In Nursing'. At the bottom are 'Add' and 'Complete' buttons.

Select the appropriate information from the three dropdowns; Profession, School Type and School. Once you've selected your information click the “Save” button.

The screenshot shows the 'Update Education Record' window. The 'Menu' sidebar is the same as in the previous screenshots. The main content area is titled 'Update Education Record' and says: 'Edit your education information in the fields below. Press the **save button** when finished.' Below this are three dropdown menus: 'Profession' (set to 'Nursing'), 'School Type' (set to 'Associate Degree Program'), and 'School' (set to 'Nursing USA'). Each dropdown has a green checkmark icon to its right. At the bottom are 'Save' and 'Cancel' buttons, with a hand icon labeled '1' pointing to the 'Save' button.

On the Application Questions page you will need to answer all questions, there are a few that explain how to answer them. Also, there are a few questions that pertain only to applications who are endorsing to Kansas from another state (already licensed in another state) or that are reinstating a previous Kansas license. These questions are noted at the beginning of each with “Endorsement/Reinstatement”, if these don’t pertain to your application use the answer the question tells you to use.

Menu

☒ Demographics*
 ☒ Education*
 ☐ Questions
 ☐ License Update
 ☐ Employment
 ☐ Finish
 [Licensing Home Page](#)
[Logout](#)

Application Questions

Please answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). Click the **submit button** when you have answered the question(s).


Question	Answer
Have you ever been convicted of a misdemeanor or listed in KAR 80-3-113?	Please Choose ▼
Have you ever been convicted of a felony?	Please Choose ▼
Are criminal proceedings pending in any federal, state or municipal court?	Please Choose ▼
Is an investigation and/or disciplinary action pending against any license, certification or registration (nursing or other)?	Please Choose ▼
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 US government, territory of the US or country?	Please Choose ▼
Do you suffer from an impairment that affects your ability to practice nursing with reasonable skill and safety? Kansas law defines impairment as a physical or mental disability including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol (KSA 65-4924(a))	Please Choose ▼
Have you ever applied to take this NCLEX exam in any state/country?	Please Choose ▼
List the state/country that you made the application? (Enter NA if not applicable)	
List the dates that you made the application (month and year). (Enter 'No' if not applicable)	
How many times have you previously taken the NCLEX exam? Answer 'No' if Not Applicable.	
List the dates that you took the NCLEX exam (month and year). Answer 'No' if Not Applicable.	
ENDORSEMENT/REINSTATEMENT ONLY: Have you worked in the Nursing Profession in Kansas over the past 5 years? Answer 'No' if Not Applicable.	Please Choose ▼
ENDORSEMENT ONLY: Do you wish to obtain a 120-day Temporary Permit? Answer 'No' if Not Applicable.	Please Choose ▼
ENDORSEMENT ONLY: Have you ever received a temporary permit in Kansas to practice as an LPN or RN? Answer 'No' if Not Applicable.	Please Choose ▼

If you have been convicted of a felony submit a certified copy of the court order outlining the charge(s), conviction(s) and sentencing order(s). A license will not be issued until the Kansas State Board of Nursing has fully reviewed the required documentation. K.S.A. 65-1120

Attestation

By clicking the **submit button** you 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 your knowledge.

Submit



On the Update License Information screen you will need to enter your original state of licensure information if you are endorsing into Kansas from another state. If you are applying to take the NCLEX and do not hold any nursing licenses then you would enter “NA” in the “Original License #” field as directed. After you are done, click the “save” button.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☐ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Update License Information

Use the form below to update the supplemental information. Press the **save** button to save the changes.

License Number: Pending
 Profession: Nursing
 License Type: Registered Nurse
 License Status: Pending
 Issued:
 Expired:

Original License Information
 Please complete the information below about your Original Nursing License. If you do not have a previous license then please enter 'NA' in the **Original License #** field in order to complete this part of your application.

Original License Type

Original License #

Original State of Licensure

Original License Status

Save

On the Nursing Employment Information page, you will need to enter your employment information only if you have or have worked as a RN, LPN or APRN in the past 5 years. To add an employer you will need to click the “Add” button (hand 1), if you have not worked as a nurse in the past 5 years you can click the “Complete” button (hand 2) to move to next window.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☒ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Nursing Employment Information

This page displays the employment records associated with the person record.
If you have worked as an RN, LPN or APRN within the past 5 years, you must list all Nursing employment for the last five (5) years.

Click the **edit** link to update an employment record. If no changes are necessary, press the **complete** button to mark this step complete and to proceed to the next step.

No employment records

Add

Complete

If you have clicked the “Add” button to enter employment information you will get a screen that looks similar to the one below. You will need to type in the Employer Name, City and State where they are located then click the “Search” button.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☒ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Search for an Employer

All employment records must have an employer record associated with them. This form allows you to search for your employer. Enter the information in the fields below and press the **search button**.

NOTE: All fields are required for searching.

Employer Name: ✓

City: ✓

State: ✓

Search Results

After you click the “Search” button you will get one of the two screens below (see example 1 and 2).

Example 1:

Employer information possibly matching your search criteria, if you see your employer in the list select the employer by clicking the “Full Name” of the facility in the list.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☒ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Search for an Employer

All employment records must have an employer record associated with them. This form allows you to search for your employer. Enter the information in the fields below and press the **search button**.

NOTE: All fields are required for searching.

Employer Name:

City:

State:

Search Results

Full Name	Line 1	Line 2	City	State	Zipcode
St. Luke's Health System	824 Westport Rd.		Kansas City	MO	64111
St. Joseph Medical Center	1000 Carondelet Dr.		Kansas City	MO	64114
St. Therese School	7277 NW Highway 9		Kansas City	MO	64152
St. Joseph Medical Center	1000 Carondelet Drive		Kansas City	MO	64114
St. Joseph Health Center	1000 Carondelet Drive		KANSAS CITY	MO	64114

Once you've selected your employer, you will get a new screen asking for additional information about your employment history. Be sure to use the format shown for dates otherwise it will not move on. When you are done completing all information, click the "Save" button, located at bottom of window.

The screenshot shows a web application interface for adding an employment record. On the left is a 'Menu' sidebar with options: Demographics* (checked), Education* (checked), Questions* (checked), License Update (checked), Employment (unchecked), Finish (unchecked), Licensing Home Page, and Logout. The main content area is titled 'Add an Employment Record' in red. Below the title, instructions state: 'Enter your Employment Information below the press the **save button** to save the record.' The form includes fields for 'Employer' (filled with 'St. Luke's Health System'), 'Position' (empty), 'Start' (empty), and 'End' (empty). A red instruction reads: 'Enter dates using the format MM/DD/YYYY'. Below this, a note says: 'If you are currently working for this employer, please enter the last day that you physically worked in the END date field using the format MM/DD/YYYY'. The 'Part-Time' field is a dropdown menu set to 'No'. At the bottom is a 'Save' button with a yellow starburst icon and a hand cursor pointing at it.

You should get the window below, double check your information for accuracy, if changes are needed click the "Edit" button (circled) to update the record.

The screenshot shows a web application interface for nursing employment information. On the left is a 'Menu' sidebar with options: Demographics* (checked), Education* (checked), Questions* (checked), License Update (checked), Employment (unchecked), Finish (unchecked), Licensing Home Page, and Logout. The main content area is titled 'Nursing Employment Information' in red. Below the title, instructions state: 'This page displays the employment records associated with the person record. If you have worked as an RN, LPN or APRN within the past 5 years, you must list all Nursing employment for the last five (5) years.' A note says: 'Click the **edit link** to update an employment record. If no changes are necessary, press the **complete button** to mark this step complete and to proceed to the next step.' Below the text is a table with columns: RN, Edit, and Delete. The 'Edit' link is circled in red. The table contains one row with the following data: Employer: St. Luke's Health System, Start: 4/1/2000, End: 5/8/2017, Part Time: ☐. At the bottom are two buttons: 'Add' and 'Complete'.

Example 2:

If you search for your employer and get the message below that “No records found” you will need to click the “Add New Employer” button to add your employment information.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☒ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Search for an Employer

All employment records must have an employer record associated with them. This form allows you to search for your employer. Enter the information in the fields below and press the **search button**.

NOTE: All fields are required for searching.

Employer Name:

City:

State:

Search Results

No Records found

Once you click the “Add New Employer” button you will get a window like the one below, you need to complete all fields then click the “Save” button located at the bottom of the window.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☒ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Add New Employer

We were unable to find your records based on the entered search criteria. Complete the form below and press the **save button** to create a new employer record.

NOTE: Required fields are marked with an asterisk (*).

Name

Business / Facility Name*: Owner / Manager Name:
ex. System Automation Corp. ex. Joseph Smith

Address

Country*: Phone*:
ex. 3015551212

Line 1*: Fax:
ex. 123 Fourth St. ex. 3015551212

Line 2:
ex. Apt. 100

City*: Email:
ex. username@domain.com

Foreign Addresses:
Enter city, region, postal code

State*:

Zipcode*:
ex. 02705 or 027051234

Then you will get the window asking for your position with the employer, dates of employment (be sure to use correct format) and if the position was Full-Time or Part-Time, once you've completed these fields click the "Save" button located at the bottom of the screen.

Menu

- ☒ Demographics*
- ☒ Education*
- ☒ Questions*
- ☒ License Update
- ☐ Employment
- ☐ Finish
- Licensing Home Page
- Logout

Add an Employment Record

Enter your Employment Information below the press the **save button** to save the record.

Employer:

Position:

Enter dates using the format **MM/DD/YYYY**

Start:

If you are currently working for this employer, please enter the last day that you physically worked in the END date field using the format **MM/DD/YYYY**

End:

Part-Time:

After you click the "Save" button, you will get an "Application Summary" page to review ALL of your information, be sure a take time to do this before you click the Add to Cart button, **after you pass this screen you cannot make any changes to your information.** The information in the menu (red box) show the different sections of the application, if there is a checkmark in the box in front of the section, you have completed that section.

If everything looks ok, your personal information, employer information and your questions are answered correctly you will need to click the "Add to Cart" button located at the bottom of the screen.

Menu	
<input checked="" type="checkbox"/>	Demographics*
<input checked="" type="checkbox"/>	Education*
<input checked="" type="checkbox"/>	Questions*
<input checked="" type="checkbox"/>	License Update
<input checked="" type="checkbox"/>	Employment
<input type="checkbox"/>	Finish
Licensing Home Page	
Logout	

Application Summary

The changes you have made are listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

When you have verified all information, click the **Submit** button to pay all applicable fees and submit your application.

Personal Information

Name: bob doe

<input checked="" type="radio"/> Licensee Address:	200 8th Street Wichita, KS 67212 tony.blubaugh@ksbn.state.ks.us 7858175936
<input type="radio"/> Employer Address:	2345 Dougherty Ferry Rd Saint Louis, MO 63122 3149669100

Licenses

Registered Nurse			
License Number:	Pending	License Status:	Pending
Issue Date:		Expiration Date:	

Question Responses

Question	Answer
Have you ever been convicted of a misdemeanor or listed in KAR 60-3-113?	N
Have you ever been convicted of a felony?	N
Are criminal proceedings pending in any federal, state or municipal court?	N
Is an investigation and/or disciplinary action pending against any license, certification or registration (nursing or other)?	N
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 US government, territory of the US or country?	N
Do you suffer from an impairment that affects your ability to practice nursing with reasonable skill and safety? Kansas law defines Impairment as a physical or mental disability including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol (KSA 65-4924(a)).	N
Have you ever applied to take this NCLEX exam in any state/country?	Y
List the state/country that you made the application? (Enter NA if not applicable)	MO
List the dates that you made the application (month and year). (Enter 'No' if not applicable)	01/2000
How many times have you previously taken the NCLEX exam? Answer 'No' if Not Applicable.	1
List the dates that you took the NCLEX exam (month and year). Answer 'No' if Not Applicable.	03/2000
ENDORSEMENT/REINSTATEMENT ONLY: Have you worked in the Nursing Profession in Kansas over the past 5 years? Answer 'No' if Not Applicable.	N
ENDORSEMENT ONLY: Do you wish to obtain a 120-day Temporary Permit? Answer 'No' if Not Applicable.	N
ENDORSEMENT ONLY: Have you ever received a temporary permit in Kansas to practice as an LPN or RN? Answer 'No' if Not Applicable.	Y

Attestation

I realize that this application is a legal document and by pressing the **Add to Cart button** I am declaring under penalty of perjury under the laws of the State of Kansas that the information I have provided is true and correct to the best of my knowledge.

False or inaccurate information may be grounds for discipline of a license or application for a license.

If all the above information is correct please press the **Add to Cart button**. Otherwise please go back and correct any information that is necessary.

STOP! PLEASE READ:

If you are **REINSTATING** an exempt, inactive or expired LPN, RN or RNA license, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the bottom of the Cart page. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

If you are applying for an **ADVANCED PRACTICE LICENSE** for the first time and want a temporary permit, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the Cart. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

Once you've completed your application(s) and you are at the "cart" page you'll want to select the "checkout" button to pay the application(s) fee(s).



This is a larger screenshot of the “Add to Cart” button located at the bottom of the “Application Summary” page above.

STOP! PLEASE READ:

If you are REINSTATING an exempt, inactive or expired LPN, RN or RNA license, you'll need to click “Add to Cart” button, review the fee(s), and then select the “Back to Home Page” button at the bottom of the Cart page. At the home page select the “Initial Application” on the menu. Select the profession type and method for your temporary permit.

If you are applying for an ADVANCED PRACTICE LICENSE for the first time and want a temporary permit, you'll need to click “Add to Cart” button, review the fee(s), and then select the “Back to Home Page” button at the Cart. At the home page select the “Initial Application” on the menu. Select the profession type and method for your temporary permit.

Once you've completed your application(s) and you are at the “cart” page you'll want to select the “checkout” button to pay the application(s) fee(s).

Add to Cart

Once you get to the “Cart” there are two options (see Example 3 and 4 below).

Example 3:

If you are done and ready to pay for your application you will want to click the “Checkout” button.

Menu

Licensing Home Page

Logout

Cart

The list below shows all the items in your cart. To pay for the items, click the **checkout** button. Use the **update** and **remove** buttons to modify your cart.

STOP! PLEASE READ:

If you are REINSTATING an exempt, inactive or expired LPN, RN or RNA license, you'll need to click “Add to Cart” button, review the fee(s), and then select the “Back to Home Page” button at the bottom of the Cart page. At the home page select the “Initial Application” on the menu. Select the profession type and method for your temporary permit.

If you are applying for an ADVANCED PRACTICE LICENSE for the first time and want a temporary permit, you'll need to click “Add to Cart” button, review the fee(s), and then select the “Back to Home Page” button at the Cart. At the home page select the “Initial Application” on the menu. Select the profession type and method for your temporary permit.

Once you've completed your application(s) and you are at the “cart” page you'll want to select the “checkout” button to pay the application(s) fee(s).

Licensee	Token	Description	Fee Amount		
bob doe	1162221985	Application for Nursing/Registered Nurse		Update	Remove
		Application Fee	\$75.00		
		Total	\$75.00		

Checkout

Back to Home Page

Example 4:

However if you are Reinstating an expired license or applying for an APRN license and want a temporary permit you will need to click the “Back to Home Page” instead. This will take you back to the License Home page to apply for the Temporary Permit. (If you are Endorsing to Kansas from another state, you DO NOT need to do this, your temporary permit has no fee associated with it and you simply had to answer “yes” or “no” in the questions portion of the application.)

NOTE:

If you have applied for an RN by Endorsement and need to apply for an APRN license as well you can follow same steps, just select the correct license type and obtained by method.

Menu
Licensing Home Page
Logout

Cart

The list below shows all the items in your cart. To pay for the items, click the **checkout** button. Use the **update** and **remove** buttons to modify your cart.

STOP! PLEASE READ:

If you are **REINSTATING** an exempt, inactive or expired LPN, RN or RNA license, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the bottom of the Cart page. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

If you are applying for an **ADVANCED PRACTICE LICENSE** for the first time and want a temporary permit, you'll need to click "Add to Cart" button, review the fee(s), and then select the "Back to Home Page" button at the Cart. At the home page select the "Initial Application" on the menu. Select the profession type and method for your temporary permit.

Once you've completed your application(s) and you are at the "cart" page you'll want to select the "checkout" button to pay the application(s) fee(s).

Licensee	Token	Description	Fee Amount	Update	Remove
bob doe	1162221985	Application for Nursing/Registered Nurse			
		Application Fee	\$75.00		
		Total	\$75.00		

CheckoutBack to Home Page

If you are applying for a temporary permit you will need to select “Initial Application” again on the menu to start the process for your temporary.

Menu
Initial Application
Renew License
Address Change
Reinstate License
Cart
Logout

Licensing Home Page

The list below displays all licenses currently held by you and all licenses currently being applied for. To renew a license, click the **renew license** link on the left.

Personal Information

bob doe
200 8th Street
Wichita, KS 67212
United States

Phone: 7858175936
Cell:
Email: tony.blubaugh@ksbn.state.ks.us

Licenses

Select the type of license you are applying for and the obtained by method that matches your original application, then click the “Start Application” button located at the bottom of the window.

License Type Selection

Profession: Nursing ✓

License Type: Registered Nurse - Temporary ✓

Obtained By Method: Reinstatement Temporary ✓

NOTE:

To apply for a temporary permit you **MUST** submit an Initial Application for licensure first. Temporary permits will **NOT** be issued without a complete Initial Application. However Temporary Permits are **NOT** issued to Initial Applicant applying to take NCLEX.

Failure to submit an Initial Application when applying for a temporary permit will result in correspondence being sent to the applicant requesting submission of required initial application and cause **DELAY** in your application being processed as well as **NO** Temporary Permit being issued until the Initial Application and fees are received by the Board.

Both the Initial Application and Temporary Permit can be paid for together by using the “Add to Cart” option.

[Start Application](#)

Once you click “Checkout” you will get a window similar to the one below, you may have more fees if you have submitted more than one type of application. You will want to select how you want to pay for your application(s) then click the “Pay Online”.

Menu

- Licensing Home Page
- Logout

Application Fees

The accepted payment method is electronic check or credit/debit card (VISA, MasterCard, Discover or American Express.) KanPay will add a small fee for processing your online payment. The fee rate is 2.5% of the total charge for credit card transactions and \$1.25 for each electronic check (ACH) transaction. It will show on your Payment Results page after the charge transaction is completed, but it does not get sent to the Kansas State Board of Nursing. Upon completion of the online application process, you will receive a confirmation screen. Without the confirmation number, it is possible the online application did not complete. You may contact Kansas.gov at 1-800-452-6727 for assistance. The Kansas State Board of Nursing reserves the right to assess you a \$30 service fee for all chargebacks and returns.

License Number	Description	Fee Amount
Pending	Application Fee	\$75.00

☐ Pay by Credit Card

☒ Pay by E-Check

[Pay Online](#)

After you click the “Pay Online” button you will get the below window (Although the information required is different depending upon your payment type selected.) Be sure that the address you use is the mailing address for the account your payment is coming from, also be sure to include all nine digits of your zip code.)

Once you enter your payment information you will need to click the “✓ Continue” button located at the bottom of the window.

The screenshot shows the KanPay The Payment Portal website. The header features the Kansas state logo and the text "KanPay The Payment Portal" with a background image of a credit card. Navigation links for "Help Center" and "Contact" are in the top right. The main heading is "Payment Information for Test Application". A note states: "* Indicates a required field." The form is divided into three sections: "Name and Address", "Account Information", and "Contact Information".

Name and Address

- * Name: (as shown on credit card)
- * Address:
- Secondary Address:
- * City:
- * State/Province: ☒
- * Zip Code: (i.e. 00000-0000)
- * Country: ☒

Account Information


- Card Type: ☒
- * Card Number:
- * Expiration Date: ☒ ☒

Contact Information

- * Phone Number: (i.e. 000-000-0000)
- * E-mail Address: ☒

At the bottom, there are two buttons: a green "Continue" button with a checkmark icon and a red "Cancel Order" button with a cancel icon. A mouse cursor is clicking the "Continue" button.

After you click the “✓ Continue” button you will get a page similar to the one below. **YOU ARE NOT DONE!!!** Double check your amount, card, etc, if changes are needed click the “Make change” button to go back. However if everything looks good you will need to click the “✓ I Agree/Submit Payment” button at the bottom of window.

[Help Center](#)[Contact](#)

Payment Information for Test Application

Payment is NOT complete until you select "I Agree/Submit Payment" at the bottom of this page.

Please review the information below. If there are changes you need to make, select the "Make Changes" button to edit the information. After verifying all the information is correct, select the "I Agree / Submit Payment" button to proceed.

Your reference number is 635912089369a8

Name and Address

Name: Aimee Lot
(as shown on credit card)
Address: 939 SW Jackson Suite 1051
City: Topeka
State/Province: Kansas
Zip Code: 66612
Country: United States

Account Information

Card Type: Visa Card
Card Number: ****1111
Expiration Date: 01/2019

Contact Information

Phone Number: 785-235-2240
Email Address: aimee.lot@topeka.kansas.gov

[Make changes](#)

Cost Information

SKU	ID	Description	Quantity
APPLICATION FEE	552511	Application Fee	1

Total Order Amount: \$75.00


I understand that the above amount will be charged to my credit card, and that my credit card billing statement will show this amount as paid to "Kansas.gov KanPay Test".
Kansas.gov reserves the right to assess you a \$15 service fee for all chargebacks and returns.

Please be patient once you have hit the "I Agree / Submit Payment" button, it may take up to 60 seconds before your order is completed. Upon completion you will be returned to the "Test Application".

NOTICE:
For Customers with Debit Cards: Please note our Originator ID has changed. Please contact your financial institution and ask them to allow debits from Originator ID 1532071551. Failure to allow debits by this Originator ID could cause your ACH debit to fail. Please contact our Help Center with any questions: [helpcenter@ink.org](#)

Your reference number is 635912089369a8

[✓ I Agree / Submit Payment](#) [✗ I Disagree / Cancel Order](#)



Larger View of bottom of above screen.

Total Order Amount: \$76.93


I understand that the above amount will be charged to my **credit card**, and that my credit card billing statement will show this amount as paid to "Kansas.gov KanPay Pmt".
Kansas.gov reserves the right to assess you a \$15 service fee for all chargebacks and returns.

Please be patient once you have hit the "I Agree / Submit Payment" button, it **may take up to 60 seconds** before your order is completed. Upon completion you will be returned to the "Test Application".


NOTICE:

For Customers with Debit Blocks: Please note our Originator ID has changed. Please contact your financial institution and ask them to allow debits from Originator ID 1522077581. Failure to allow debits by this Originator ID could cause your ACH debit to fail. Please contact our Help Center with any questions: helpcenter@ink.org

Your reference number is **b3591208836fea8**



After you click the "✓ I Agree/Submit Payment" button you should get the below window, advising you that your payment is NOT complete.

 [Help Center](#) [Contact](#)

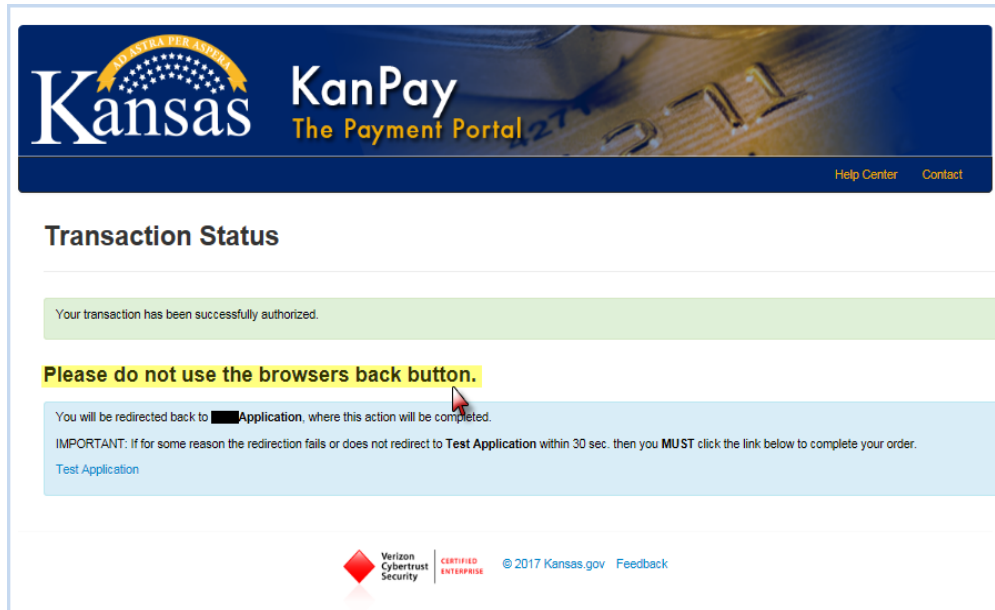
Payment Information for Application

Payment is NOT complete until you select "I Agree/Submit Payment" at the bottom of this page.

Please review the information below. If there are changes you need to make, select the "Make Changes" button to edit the information. After verifying all the information is correct, select the "I Agree / Submit Payment" button to proceed.

Your reference number is **b3591208836fea8**

Then you should get the below screen.



The below screen is the one that lets you know you have completed the application process and payment portion. **You should print this for your records.** The information in the “red” box is what you will need when calling to reference your payment information.

