

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

RN / LPN LICENSURE ENDORSEMENT APPLICATION

Spouse of an Active Military Member Applicant Only

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

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

You must enclose the following documentation:(Both Sides)

- 1. Copy of Military ID**
- 2. Copy of Drivers License (Kansas DL is REQUIRED for Multistate Status)**
- 3. Copy of Military Orders**
- 4. Copy of Marriage certificate to Active Military Member**

*****APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS**

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			

[illegible][illegible]

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: _____