Spouse of an Active Military Member
Applicant Only

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

RN / LPN LICENSURE APPLICATION FOR EXAMINATION

Demographic Information:

You must enclose the following documentation in addition to this application:

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

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
- ☐ Native American
- ☐ Hispanic
- ☐ White-Non Hispanic
- ☐ Asian Indian
- ☐ Asian - Other
- ☐ Pacific Islander
- ☐ 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

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 ◯ Baccalaureate 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) _____

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: _____