

**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:**

**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.

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Last Name	First Name	Middle Name/Middle Initial
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**Previous Name (s)**

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**Mailing Address**

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City	State	Zip Code
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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

RN multistate       \$125 \_\_\_\_\_

RN single state     \$100 \_\_\_\_\_

LPN: multistate     \$125 \_\_\_\_\_

LPN single state    \$75 \_\_\_\_\_

Background check fee \$48 \_\_\_\_\_

**Nursing Education Information:**

7. Name and location of basic Nursing Education Program:

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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:

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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:

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**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

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**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.**

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**Signature**

**Date (MM/DD/YYYY)**

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(DO NOT WRITE BELOW (FOR OFFICE USE ONLY))

Date of Exam: \_\_\_\_\_

Date of Licensure: \_\_\_\_\_ License Number: \_\_\_\_\_