

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

REINSTATEMENT APPLICATION

Please write LICENSE NUMBER in the blank and CHECK ALL that apply Example: RN: <u>13-12345-678</u> No Fee Required	
LPN with Temporary Permit: _____	FOR THE SPOUSE OF AN ACTIVE MILITARY MEMBER ONLY
LPN without Temporary Permit: _____	
RN with Temp Permit: _____	You <u>must</u> enclose the following documentation in addition to this application:
RN without Temp Permit: _____	1. Copy of Military ID(Front and Back)
APRN without Temporary Permit _____	2. Copy of Drivers License (Kansas DL is required for Multistate Status)
RNA with Temporary Permit _____	3. Copy of Military Orders
RNA without Temporary Permit: _____	4. Copy of Marriage certificate to Active Military Member
LMHT with Temporary Permit _____	***APPLICATION WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS
LMHT without Temporary Permit _____	

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
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Previous Name (s) _____

Mailing Address _____

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**

(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

7. Do you wish to obtain a 120-Day temporary Permit to complete your 30 hours of CE? *(if granted, temporary permit is for single state to practice in Kansas only)*

____ Yes ____ No

8. **LPN Only:** Are you IV certified in another state? ____ Yes ____ No

If certified in another state, 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:

9. 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			
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			

Misdemeanor/Felony/Disciplinary Information:

If you answer “yes” to any misdemeanor/felony/disciplinary question(s) on this 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.

10. Since your last application, have you been convicted of a felony?
_____ Yes _____ No
11. Since your last application, have you been convicted of a misdemeanor? _____ Yes _____ No
12. Since your last application, do you have any pending criminal case against you for a felony offense or a misdemeanor offense?
_____ Yes _____ No
13. 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)
14. 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
15. Since your last application, have you had disciplinary action taken against you by a professional licensing authority? _____ Yes _____ No
16. Are you registered, certified, or licensed in any other profession? _____ Yes _____ No
If yes, list profession(s) _____
17. Since your last application, have you voluntarily surrendered any professional license while an investigation or discipline case was pending? _____ Yes _____ No
18. Since your last application, have you allowed any professional license to expire while an investigation or discipline was pending? _____ Yes _____ No
19. Do you have any pending investigations or disciplinary cases against you or your license, certification, or registration by a professional licensing authority? _____ Yes _____ No

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

20. 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 of 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.

21. 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.

22. 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: _____