



## **Petition Instructions:**

An applicant for licensure who has not taken the licensure examination or has been unsuccessful in passing the licensure examination within 24 months after graduation shall petition the Board for permission prior to subsequent attempts. **Your completed application must be received by the Kansas State Board of Nursing no later than 30 days prior to the scheduled Board meeting.** Board meeting dates can be found at [www.ksbn.org](http://www.ksbn.org). The applicant may be asked to take a formal review course. **Effective July 1, 2011, applications will NOT be accepted if the petition submission date is more than 5 years since date of graduation.**

## **Study Plan Instructions:**

**All applicants must submit a formal study plan with the petition for permission to test/retest. No handwritten study plans will be accepted – must be typed/word processed.** A study plan should contain the following:

1. A list of all the low performance areas of the test plan identified by the diagnostic profile from each examination. All areas should be covered for any applicant who has not taken the NCLEX before.
2. A specific content outline for all of the areas of low performance on the diagnostic profile from the last unsuccessful test attempt. All areas should be covered for any applicant who has not taken the NCLEX before.
3. Methods of study, including the following:
  - a. self-study
  - b. study groups
  - c. tutors; or
  - d. any other methods approved by the board
4. A schedule for study that meets the following requirements:
  - a. 30 hours for each low performance area
  - b. a start date; and
  - c. completion date (within six months)
5. Learning resources identified to be used in the study that meet these requirements:
  - a. a written bibliography in a standard documentation format, with resources no more than five years old; and
  - b. Four types for each low performance area selected from the list as follows:
    - i. textbooks
    - ii. journals
    - iii. review books
    - iv. audiovisuals
    - v. computer-assisted instructions; or
    - vi. computer review programs
6. The name and contact information for the RN designated to oversee the completion of the study plan.

Use a column format as illustrated in the Sample Study Plan table below. Each area of unsuccessful passing from the last diagnostic profile should be included on the plan. If the plan is approved, the applicant should complete the plan of study as written. After completion of the plan of study, verification of completion is required by the designated RN and should be sent to the Education Specialist at the Board office. **If the petition is approved by the Board, the Study Plan must be completed in 6 months of the approval letter date or it is considered abandoned and the petitioner must begin the petition process again.**

## SAMPLE STUDY PLAN

NAME of Petitioner: Mary Roe  
 ADDRESS: 123 Lane  
 Sunflower, Kansas 66666  
 VERIFICATION BY: NAME: Ann Doe, RN  
 ADDRESS: 234 Lane  
 Sunflower, Kansas 66666  
 PHONE NUMBER: (913) 222-5555  
 email:  
 BEGINNING DATE: October 1, 1997 PROPOSED COMPLETION DATE: December 1998

Study Plan					
Diagnostic Profile	Content Outline	Method	Schedule	Resources	Verification
Safe, effective care environment	<b>Management of care.</b> 1. Coordinating care with health care team. 2. Patient advocacy. 3. Continuity of care.	Self-Study	2 hours/day Monday-Friday beginning week of October 1, for a total of ten hours.  Total Hours: _____	Adler, J., & Adler, K. (Year). <u>Nursing care of the family</u> (2nd ed.). New York: Hall. Chapter 2, 100-110.	Jane Doe, nursing instructor at Sunflower Nursing program, will give a quiz on content on October 8.
	<b>Safety &amp; infection control.</b> 1. Protecting clients from hazards 2. Role of nurse in identifying a nursing diagnoses	<b>Tutor. To review case studies</b>  <b>Computer: Interactive Program</b>	1 hour/day Monday-Friday beginning week of October 8 for a total of 20 hours  To complete study plan February, 1998  Total Hours: _____	Adler, J., & Adler, K. (Year) <u>Respiratory nursing care</u> . [video]. New York: American Journal of Nursing.	Jane Doe will give a quiz on content on November 1, 1998.

### Sample Reference List (references no more than 5 years old)

#### Textbooks:

Adler, J., & Adler, K. (Year). Nursing care of the family (2nd ed.). New York: Hall.

Adler, J., & Adler, K. (Year). Family care [review book]. New York: Hall.

#### Journals:

Adler, J., & Adler, K. Nursing care of the elderly. American Journal of Nursing, 98(2), 89-90.

#### Computer Software

Adler, J., & Adler, K. (2008) Respiratory nursing care. [computer disk]. New York: American Journal of Nursing.

Video/Filmstrip/Audio Cassette

Adler, J., & Adler, K. (2008) Respiratory nursing care. [video/filmstrip/audio-cassette]. New York: American Journal of Nursing.

### **Diagnostic Profile Instructions:**

Submit a copy of all diagnostic profiles with this application. There should be a diagnostic profile for each unsuccessful testing attempt. If you do not have the diagnostic profiles use the *Information Request* form on the KSBN website ([www.ksbn.org](http://www.ksbn.org)). This form can be located under the forms link in the blue box in the upper left corner.

**Please respond to the following questions on a separate sheet of paper.** (Copy the question to the paper). **Answers to Questions 1 & 2 must be typed/word processed, no handwritten answers will be accepted.**

### **Question #1:**

What nursing content in your low performance categories have you studied since the last attempt to write the licensure examination? Please be specific and include the following information:

- content studied
- time studying in clock hours,
- method of study,
- teaching assistance, and
- text books, journals, audiovisuals and computer software used

### **Question #2:**

Have you worked as an aide or technician or licensed practical nurse in the last two years?

Please be specific and include the following information:

- the nature of your clinical experience,
- number of hours per week,
- self-evaluation of your performance in the last two years and
- relate how the clinical experience addresses your categories of low performance

### **Formal Review Course Instructions:**

The review course must be approved by the Board's Education Specialist before beginning. A list of review courses can be found at [www.konl.org](http://www.konl.org) under Graduate Nurse Toolkit. After the Review Course has been identified and submitted for approval, the Education Specialist will notify you of the approval of the plan to take the course. **Verification of completion of the review course must be submitted before permission to test is given. The application to take the licensing examination must be submitted within 6 months of the petition approval letter date.**

### **LPN to RN Scope of Practice Paper Instructions:**

If you are an LPN petitioning to take the NCLEX-RN, you will need to write a paper entitled: *Differences in the Scope of Practice between Registered Professional Nurses and Practical Nurses.*

Paper requirements:

- The paper will be a minimum of 2 pages and no more than 5 pages long
- Typed or word processed
- Double spaced
- Have a separate title page and separate reference page
- Use at least 3 to 6 references including the Kansas Nurse Practice Act
- Use 10 – 12 point font.

For any questions regarding this petition process please contact the Education Specialist at 785-296-5036 or via email at: [carol.moreland@ksbn.state.ks.us](mailto:carol.moreland@ksbn.state.ks.us)

## Checklist for Submitting Petition for Permission to Test or Retest

Utilize this checklist to ensure all required information is submitted. Incomplete applications without supporting documentation will not be accepted.

\_\_\_\_\_ Completed application (including signature) – must be received by KSBN no later than 30 days prior to the scheduled Board meeting

\_\_\_\_\_ Develop and submit formal study plan as per instructions

\_\_\_\_\_ RN for Study Plan verification identified

\_\_\_\_\_ References for Study Plan no more than 5 years old

\_\_\_\_\_ Diagnostic Profile Results for each unsuccessful NCLEX testing attempt

\_\_\_\_\_ Question #1 answered as per instructions

\_\_\_\_\_ Question #2 answered as per instructions

\_\_\_\_\_ Submit formal review course information (if already completed)

Name of formal review course

Dates attended

Proof of successful completion

\_\_\_\_\_ Scope of Practice paper for LPNs petitioning to take NCLEX-RN

Submit all forms to:

Education Department

Education Specialist

Landon State Office Building

900 SW Jackson, Ste 1051

Topeka, KS 66612-1230