

## KANSAS STATE BOARD OF NURSING

Landon State Office Building  
900 SW Jackson, Ste 1051  
Topeka, KS 66612-1230  
(785) 296-4929

### INSTRUCTIONS FOR COMPLETION OF ADVANCED PRACTICE APPLICATION

Licensure in Kansas is mandatory to practice as an advanced practice registered nurse (APRN). **You may not be employed to practice as an APRN in Kansas until licensed or issued a temporary permit by the Kansas State Board of Nursing.** Licensure/certification in another state, territory or country does not grant applicants the privilege of practicing as an APRN in Kansas. **APRN applicants must also have a current license as a Registered Professional Nurse in Kansas.**

#### Application Checklist

##### Applications are legal documents

- All required blanks are completed – typed or in blue or black ink  
(Corrections made with fluid or tape are not permitted)
- Application is signed and dated
- Appropriate fee(s) is attached
- All additional required documents are attached
- Requested an official transcript with degree posted to be sent to KSBN
- Application for endorsement of RN complete if NOT licensed in Kansas
- Completed Fingerprint Card and Fee

**All information on the attached application must be complete and accompanied by the appropriate fee(s). All blanks must be complete unless otherwise noted (e.g. optional). Mail the original application you completed; no photocopies of completed applications will be accepted.**

Application fees may be paid by personal check, money order or cashier's check made payable to the Kansas State Board of Nursing. The application fee(s) must accompany the application. Pursuant to K.A.R. 60-3-107 (b) Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months. (1) The expiration date of each application shall be based upon the date of receipt at the agency. (2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

#### EDUCATION

##### ALL ROLES:

- Program completed after January 1, 1997 – shall include three (3) college hours in advanced pharmacology or equivalent.
- Program completed after July 1, 2009 shall have completed three (3) college hours in advanced pathophysiology or its equivalent and three college hours in advanced health assessment or its equivalent.
- Program completed after January 1, 2011 – nurse practitioner and clinical nurse specialist applicants shall have completed three (3) college hours in advanced pathophysiology or its equivalent and three (3) college hours in advanced health assessment or its equivalent.

- KSBN requires a graduate degree in nursing (master's degree in nursing or higher degree in one of the four (4) roles of advanced practice) based on the date the advanced practice program was completed.

### **Category Specific Requirements**

#### **Nurse Practitioner**

Complete a formal, post basic nursing education program approved by the Kansas Board which prepares the nurse to function as a nurse practitioner. If completing a program after July 1, 1994, the applicant shall hold a baccalaureate or masters degree in clinical nursing. If completing the program after July 1, 2002, the applicant shall hold a masters or higher degree in a clinical area of nursing.

#### **Nurse Midwife**

Complete a formal, post basic nursing education program approved by the Kansas Board which prepares the nurse to function as a nurse midwife. If completing a program after July 1, 2000 the applicant shall hold a baccalaureate or higher degree in nursing. If completing a program after July 1, 2010 an applicant shall hold a master's degree or higher in midwifery.

#### **Clinical Nurse Specialist**

Complete a formal, post basic nursing education program approved by the Kansas Board which prepares the nurse to function as a clinical nurse specialist. If completing a program after July 1, 1994, the applicant shall hold a baccalaureate or masters degree in clinical nursing. If completing the program after July 1, 2002, the applicant shall hold a masters or higher degree in a clinical area of nursing.

#### **Nurse Anesthetist**

Complete a formal, post basic nursing education program approved by the Kansas Board which prepares the nurse to function as a nurse anesthetist. If completing a program after July 1, 2002, the applicant shall hold a masters degree in nurse anesthesia.

**RNA ONLY:** Applicant must have verification of successful completion of the National Certification Exam administered by the National Board of Certification and Recertification for Nurse Anesthetists (NBCRNA).

### **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. While making application for a Social Security number, you may start the application process, however no license or temporary permit will be issued until proof of the Social Security number is submitted to Kansas State Board of Nursing.

### **Required Education Documentation**

**All applicants must provide proof of completion/graduation from an approved nursing education program. The transcript must include the following:**

- Legal Name (first, middle (if applicable) and last)
- Degree Awarded
- Date of graduation and degree earned.

Contact your nursing program to have an official transcript sent by one of the following means, KSBN accepts:

- Electronic transcripts can be sent **DIRECTLY** to KSBN by your advanced practice nursing program using Parchment or National Student Clearinghouse; or
- Official transcript mailed **DIRECTLY** from your advanced practice nursing program to the KSBN office at the below address:

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson, Suite 1051  
Topeka, KS 66612

If the educational institution offering the advanced practice nursing program is located outside of Kansas, the Kansas State Board of Nursing shall decide if the program meets the standards for Kansas Programs and may request additional information about the program.

### **Malpractice Insurance**

There is a legal requirement that Registered Nurse Anesthetists and Nurse Midwives must carry malpractice insurance and pay a surcharge to the State of Kansas Health Care Stabilization Fund. This process is handled by the [Kansas Health Care Stabilization Fund](#) at 785.291.3777.

### **Internationally Educated Applicants**

K.A.R. 60-3106: Licensure Qualifications.

- (a) As part of the application process, each individual applying for licensure in Kansas who is a graduate of a foreign nursing program shall submit that individual's education and licensure credentials for evaluation to the commission on graduates of foreign nursing programs (CGFNS) or some other credentialing agency approved by the KSBN.
- (b) Any individual applying for licensure in Kansas who is a graduate of a foreign nursing program in which instruction was not in English may be granted a license if the individual meets all other requirements for licensure in effect at the time of application and shows proof of proficiency in English by passing any of the following:
  - (1) The test of English as a foreign language and the test of spoken English Or
  - (2) Similar examinations, as approved by the KSBN.

### **KSBN requirements for licensure by Kansas for applicants who were educated outside of the United States:**

1. Proof of Education (via CGFNS evaluation of your education)
2. English Proficiency Examination (TOEFL), IF NURSING EDUCATION WAS NOT TAUGHT IN ENGLISH AND ENGLISH TEXT BOOKS WERE NOT USED
3. Valid Social Security Number
4. Criminal background check with no disqualifying factors

#### **Step One: Documentation of Education**

Graduates of an International Nursing Education Program:

KSBN requires the evaluation of education and nursing licenses not issued within the United States evaluated by an approved Credentialing Agency and have the professional report sent **DIRECTLY** to the Kansas State Board of Nursing.

**The currently approved credentialing agency by KSBN is:**

Commission on Graduates of Foreign Nursing Schools (CGFNS)  
3600 Market Street, Suite 400  
Philadelphia, PA 19104-2651  
Phone 215.349.8767  
<http://www.cgfns.org>

**Step Two: English Proficiency Examination**

Test of English as a Foreign Language (TOEFL):

1. If your primary language was not English or IF YOUR NURSING EDUCATION WAS NOT TAUGHT IN ENGLISH USING ENGLISH TEXTBOOKS YOU MUST SHOW PROFICIENCY IN ORAL AND WRITTEN ENGLISH.
2. Complete the TOEFL exam. It is an internet-based exam. A paper-based version of the exam is available in areas where internet based testing is not possible.
3. KSBN has approved the following scores for the TOEFL Exam:

Minimum Scores:

Writing	20
Speaking	20
Reading	19
Listening	20

**EACH AREA MUST MEET THE MINIMUM REQUIREMENT.**

The testing company is:

TOEFL Publications  
PO Box 6154  
Princeton, NJ 08541-6154  
Phone 609.771.7100  
<http://www.teofl.org>

The test is given in several locations in Kansas and in many other locations in the United States.

4. Request TOEFL results be sent **DIRECTLY** to Kansas State Board of Nursing by using **CODE NUMBER 9149** in the results reporting list. For more information go to [TOEFL](#).

Copies of the CGFNS professional report (education evaluation) or TOEFL (English proficiency examination) will **NOT** be accepted from the applicant, the official agencies must send report **DIRECTLY** to KSBN.

**Temporary Permit**

The granting of a temporary permit is **discretionary** and in no circumstance guarantees licensure. You may be eligible for a **NONRENEWABLE** temporary permit which permits employment as a NP/CNS/NMW/RNA in the state of Kansas while the application is being processed. A temporary permit is valid for 180 days or until the permanent license has been issued (whichever comes first). Prior to the issuance of a temporary permit, a completed advanced practice application (and fee), criminal background check fingerprints/waivers (and \$48 fee), and proof of education must be received by the Kansas State Board of Nursing for all applicants.

Some examples in which a temporary permit may be denied include (but not limited to), if you:

- Have been under investigation or had/have disciplinary action pending in Kansas or any other state or agency of the U.S. Government, territory of the United States, or country.

- Have had past disciplinary action in another state or agency of the U.S. Government, territory of the United States, or country.
- Have had other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the U.S. Government, territory of the United States or country.
- Have criminal history.
- No Social Security Number.

The Kansas Board of Nursing requires a Criminal Background check before a license or temporary permit can be issued.

**Mailing Address**

Kansas State Board of Nursing  
 Landon State Office Building  
 900 SW Jackson, Ste 1051  
 Topeka, KS 66612

**Legal – Misdemeanor/Felony/Disciplinary Action**

**Convictions:** If you have been convicted of a misdemeanor and/or felony, specific certified/dated copies of court documents (for EACH) conviction are **REQUIRED** and must be mailed to KSBN. The certified/dated copies must be current (dated within 3 months of submission). Without receipt of the **REQUIRED** documents, the application is considered incomplete and may result in a denial of licensure.

**Please note:** A **successfully completed** court-ordered Diversion is **NOT** a conviction, and **DOES NOT** need to be reported to KSBN. Also note that different courts may use different titles for similar court documents.

The following list is not all inclusive but represents the types of court documents that can be obtained from the office of the Clerk of the Court where the conviction(s) occurred – City (municipal), county (district/circuit) or federal court.

- Uniform Notice to Appear and Complaint (e.g. ticket), Complaint/Petition or Indictment:
- DO NOT submit information regarding speeding or parking tickets.
- Amended Complaint/Petition or Indictment (indicates charges were increased/decreased from the original charges)
- Journal Entry of Judgment (Conviction) and Sentencing (this may be on the back side of the ticket or a separate piece of paper entitled “Journal Entry”)
- Probation Agreement (if any) and current status
- Diversion Agreement (if any) and current status
- Proof that all fines, fees, costs and/or restitution have been paid or record of payment to date

Example of things to report to the board:

Subject to reporting:

- All felonies.

And the following categories of misdemeanor are subject to be reported:

- Alcohol;
- any drugs;
- deceit;
- dishonesty;
- endangerment of a child or vulnerable adult;
- falsification;
- fraud;

- misrepresentation;
- physical, emotional, financial, or sexual exploitation of a child or vulnerable adult;
- physical or verbal abuse;
- theft;
- violation of a protection from abuse order or protection from stalking order; or any action arising out of a violation of any state or federal regulation.

**DISCIPLINARY ACTION:** If you have been disciplined by any Board (e.g. professional licensure) or governmental agency (e.g. Department of Aging and Disability Services regarding CNA and HHA certification, Department of Revenue regarding a driver's license suspension, cancellation and/or revocation for any reason) you are **REQUIRED** to provide certified/dated copy of that Board order or disciplinary/administrative action. You may obtain a copy of your current Driver's record by going to any driver's license exam station with a current photo ID and request the document a small fee is usually charged for a copy of your driving record.

**EXPLANATORY LETTER:** You are **REQUIRED** to submit an explanatory letter regarding EACH conviction and/or disciplinary/administrative action. The letter should include the following information:

- Date of the criminal offense or disciplinary action;
- Circumstances leading up to the arrest or disciplinary/administrative action;
- Actual conviction or disciplinary/administrative action;
- Actual conviction or disciplinary/administrative action;
- Actual sentence or board/regulatory agency order;
- Current status of sentence of order; and
- Rehabilitation (if any).

### **Legal Questions on Application**

If you answer yes to question(s) on the application or have a criminal history on your background/history, the required documentation must be received by KSBN or it 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 Kansas State Board of Nursing Legal Department at 785.296.1817.**

### **Background Checks Required for Nursing License**

**A Criminal Background Check is REQUIRED**

All applicants must complete a criminal background check and be approved prior to issuance of license. The cost for a criminal background check is \$48. There are two options to be fingerprinted for your background check:

- You may contact the KSBN office to have a live scan of your prints done for an additional \$7.50. Call 785.296.3375 and schedule an appointment, fingerprints are done Monday through Friday, 8:00 am to 3:30 pm.
- Or contact KSBN at [www.ksbn.org](http://www.ksbn.org) and select "Finger Print Card Order Form" to have a fingerprint card and waivers mailed. Fingerprints must be performed by trained law enforcement personnel. Contact your local sheriff or police station for assistance and additional details.

Pursuant to K.A.R. 60-3-107 and K.A.R. 60-11-120: Applicants for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualification shall be active for six months.

- (1) The expiration of each application shall be based upon the date of receipt at the agency.
- (2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

### **Check Application Status**

Access the KSBN website and click on "[check status of application](#)" log in and locate the license application, then click "View Checklist". When a requirement for licensure has been received it will be marked "complete" with the date it was processed. Should an item state "unchecked" the information either has not been received or it has not been processed (please allow 3-5 business days).

- [Check Status of Application](#) (on [KSBN](#) website)
- Log-in
- View Checklist (for application you're checking on)

**Please be advised "not applicable" means the item is NOT required or needed.**

### **Verify a Kansas License**

Access the KSBN website and click on "[license verification database](#)" and click "begin searching" (green button under picture of mobile devices). Select the tab for the way you would like to search, either "Search by License Number" or "Search by Name". Once your license has been issued or renewed it will display here with updates. You can print a current copy of your license anytime from this site free of charge.

For Office Use Only

**KANSAS STATE BOARD OF NURSING**

Landon State Office Building  
900 SW Jackson, Ste 1051  
Topeka, KS 66612-1230  
(785) 296-4929

**ADVANCED PRACTICE APPLICATION  
For License to Practice**

\_\_\_\_\_  
Last Name                      First Name                      Middle Name  
 Only Middle Initial     No Middle Name/Initial

\_\_\_\_\_  
Previous Name(s)                      Maiden Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City                      State                      Zip Code

1. Date of Birth (MM) \_\_\_\_ (DD) \_\_\_\_ (YYYY) \_\_\_\_\_
2. Gender: Male: \_\_\_\_\_ Female \_\_\_\_\_
3. Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_
4. Social Security No. \_\_\_\_ - \_\_\_\_ - \_\_\_\_

(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)

5. Phone: Home (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_

6. I have requested an official transcript showing completion of all requirements with the type of degree/certification conferred on the transcript be sent to the Kansas State Board of Nursing from:

- \_\_\_\_\_  
School Name                      City, State
- \_\_\_\_\_  
School Name                      City, State
- \_\_\_\_\_  
School Name                      City, State

7. Have you ever been convicted of a misdemeanor? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Any convictions of speeding or parking violations do not need to be reported.**

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach a certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

**I have enclosed the following application fee, as well as a \$48 background check fee.**

**Application Fee:**

APRN  
with Temporary permit:      \$100 \_\_\_\_

APRN  
without Temporary permit:    \$50 \_\_\_\_

RNA/APRN  
with Temporary permit:      \$110 \_\_\_\_

RNA/APRN  
without Temporary permit:    \$75 \_\_\_\_

**AND Background Check Fee: \$48 \_\_\_\_**

8. Have you ever been convicted of a felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Any convictions of speeding or parking violations do not need to be reported.**

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach a certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

9. Are criminal proceedings pending in any federal or state court? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_ Please attach an explanatory letter.

10. Is an investigation and/or disciplinary action pending against **any** license, certification or registration (nursing or other): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_ Please attach an explanatory letter.

11. Has **any** license, certification or registration (nursing or other) ever been denied, revoked, suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US government, territory of the US or country? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_  
(If answer is yes, please attach certified/dated copy of board order and/or governmental agency disciplinary action and explanatory letter. Note if previously submitted to KSBN and give KSBN case number. Do not send a second copy)

12. Role of Advanced Practice Registered Nurse in which you seek license to practice:

*(Please submit separate application for each role)*

Nurse Practitioner \_\_\_\_\_ Nurse Midwife \_\_\_\_\_

Clinical Nurse Specialist \_\_\_\_\_ Nurse Anesthetist \_\_\_\_\_

If applying for Nurse Practitioner or Clinical Nurse Specialist, specify specialty area:

_____ Acute Care	_____ Medical – Surgical
_____ Adult	_____ Neonatal
_____ Community Health	_____ Pediatric
_____ Family	_____ Psychiatric-Mental Health
_____ Gerontology	_____ Women's Health
	_____ Other, Specify: _____

13. Kansas RN License Number \_\_\_\_\_  Not Licensed as RN in Kansas

If not licensed in Kansas as a RN, please provide the date in which you submitted an endorsement application for a

Kansas RN license: \_\_\_\_\_

14. **RNA only:**  I have successfully completed the Council on Certification of Nurse Anesthetist examination, **OR**

I am a new graduate.

Date of examination \_\_\_\_\_ Certificate Number \_\_\_\_\_  
(MM/DD/YYYY)

AANA ID Number: \_\_\_\_\_

Date you will be taking the exam: \_\_\_\_\_  
(MM/DD/YYYY)

15. Are you currently practicing in the advanced role? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe the practice setting and professional responsibilities within the practice setting:

---

---

Name and address of practice setting:

---

**A temporary permit may be obtained when:**

- Degree has not yet been posted on applicant's transcript;
- Applicant is awaiting completion of board review of educational credentials;
- Applicant is awaiting completion of RN endorsement into Kansas; or
- RNA applicant awaiting results of initial certification exam.

16. Do you wish to obtain a Temporary Permit while completing license requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please place a checkmark next to the appropriate situation below:

\_\_\_\_\_ Recently completed a program. A letter from the Dean of Nursing indicating all degree requirements have been met is attached or has been mailed separately to the board office.

\_\_\_\_\_ Attached is a copy of current certification/licensure in the state of \_\_\_\_\_. The attached copy is a true and accurate record of current certification/licensure.

\_\_\_\_\_ Copy of current specialty certification by an approved National Certification organization is attached.

---

**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 of Applicant

\_\_\_\_\_  
Date

**DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)**

---

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