

For Office Use Only

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

ADVANCED PRACTICE APPLICATION
For Certificate of Qualification/Authorization to Practice

Last Name First Name Middle Name

Previous Name (s) Maiden Name

Mailing Address

City State Zip Code

Please check one:

ARNP with Temporary permit: \$100____

ARNP without Temporary permit: \$50 ____

RNA/ARNP with Temporary permit: \$110____

RNA/ARNP without Temporary permit: \$75 ____

1. Date of Birth (MM) ____ (DD) ____ (YYYY)_____

2. Gender: Male: _____ Female _____

3. 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)

4. Languages spoken: English ____ Spanish ____ Other: _____
(optional)

5. Phone: Home (____) ____ - ____ Work (____) ____ - ____ E-Mail _____
(optional)

6. High School: _____
Name City State Grad Date GED Date

7. Name of Advanced Nursing Program/School _____

8. Address of Program _____
Street City State Zip Code

9. Date Program completed ____ MM ____ DD ____ YY Degree Awarded: _____

Request an official transcript be sent to KSBN

10. Education Completed: Please check all that apply

____ LPN ____ RN, Diploma ____ Masters in Nursing
____ LMHT ____ RN, Associate Degree ____ Masters, Other Field _____
 ____ RN, Baccalaureate Degree ____ Doctorate in Nursing
 ____ Baccalaureate, Other Field _____ ____ Doctorate, Other Field _____

11. 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 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)

12. 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 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)

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13. Are criminal proceedings pending in any federal or state court? Yes _____ No _____
If yes, where: _____ Please explain in an accompanying letter

14. Is an investigation and/or disciplinary action pending against **any** license, certification or registration (nursing or other): Yes _____ No _____
If yes, where: _____ Please explain in an accompanying letter

15. 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)

16. List other states, territories or countries in which you have been licensed and the type of Nursing license you held (RN, LPN, ARNP): (If additional pages needed, sign and date each attached page)

____ Not applicable

State/Type	License #	Year of Issue	State/Type	License #	Year of Issue

17. Category of Advanced Registered Nurse Practitioner in which you seek certificate of qualification/authorization to practice: (Please submit separate application for each category)

Nurse Practitioner _____ Nurse Midwife _____ Clinical Nurse Specialist _____ Nurse Anesthetist _____

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

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

18. Kansas RN License Number _____

Or Check here if submitting application for endorsement _____

19. **RNA only:** Date of successful completion of certifying exam given by Council on Certification of Nurse Anesthetists _____ Certificate number _____ (or)
(MM/DD/YYYY)

If you are a new graduate: AANA ID Number: _____

Date you will be taking the exam: _____

(MM/DD/YYYY)

20. 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 or,
- Applicant is awaiting completion of RN endorsement into Kansas.
- RNA applicant awaiting results of initial certification exam

21. Do you wish to obtain a Temporary Permit while completing certificate of qualification 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.

_____ Copy of current certification/licensure in another state is attached. The attached copy of _____ license is a true and accurate record of current certification/licensure.
(State)

_____ Copy of current specialty certification by an approved National Certification organization is attached

Interested in volunteering your skills in a disaster or other emergency? Register on K-SERV, a new data base designed to improve volunteer management during disasters. Go to <https://kshealth.kdhe.state.ks.us> and select "login or register for K-SERV."

Being duly sworn, I state I am the person who is referred to in this record of this Advanced Practice Application in the state of Kansas, that the statements therein are strictly true in every respect, that I have complied with all requirements of law, and that I have read and understand this affidavit.

Signature of Applicant

Date

AFFIDAVIT TO BE COMPLETED BY A NOTARY PUBLIC

State of _____, County of _____ ss.

SUBSCRIBED AND SWORN TO before me, this _____ day of _____ 20_____

Signature of Notary Public

My Commission Expires _____

(NOTARY
PUBLIC SEAL)

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

Date of Certificate: _____ Certificate Number: _____

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(785) 296-4929

INSTRUCTIONS FOR COMPLETION OF ADVANCED PRACTICE APPLICATION

Certificate of qualification in Kansas is mandatory to practice as an advanced registered nurse practitioner (ARNP). You may not be employed to practice as an ARNP in Kansas until certified 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 ARNP in Kansas. ARNP applicants must also have an active license as a Registered Professional Nurse in Kansas.

Application Checklist

Applications are legal documents

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

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

Application fees may be paid by personal check, money order or cashiers check made payable to the Kansas State Board of Nursing. The application fee 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 categories

- Program completed after January 1, 1997 – shall include three (3) college hours in advanced pharmacology or equivalent
- Program completed after January 1, 2001 – nurse practitioner and clinical nurse specialist applicants shall have completed 3 college hours in advanced pathophysiology or its equivalent and 3 college hours in advanced health assessment or its equivalent.

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.

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.

REQUIRED EDUCATION DOCUMENTATION

- Official transcripts – Request official transcripts to show completion of the program of study be sent directly to the Board office. If a baccalaureate or masters degree in nursing is required for ARNP certificate of qualification, those transcripts must be submitted and must show the degree conferred posted on the transcript.
- If the program was located outside of Kansas, the Kansas State Board of Nursing shall decide if the program met the standards for Kansas Programs and may request additional information about the program.
- **RNA ONLY:** Verification of successful completion of the Council on Certification of Nurse Anesthetist Certification Exam.

TEMPORARY PERMIT

The granting of a temporary permit is discretionary and in no circumstances guarantees licensure to follow. Some examples in which a Temporary permit may be denied include, if you:

- Have been under investigation or had 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.

Approved National Specialty Certification Organizations:

Nurse Practitioner

AACN – Acute Care

AANP – Adult, Family, Gerontologic

ANCC – Acute, Adult, Family, Gerontological, Pediatric, Psychiatric/Mental Health

NCC – Neonatal, Women's Health

PNCB – Primary Care Pediatrics; Acute Care Pediatrics

NMW

ACNM – Midwifery

Clinical Nurse Specialist:

AACN – Acute/Critical Care

ANCC – Public/Community Health, Gerontology, Adult Health, Psychiatric Mental Health

Nurse Anesthetist:

CCNA: Council on Certification of Nurse Anesthetists

Requirements for Additional Documents:

- **CONVICTIONS:** If you have been **convicted** of a misdemeanor and/or felony, specific **certified/dated** copies of court documents (for EACH) conviction are **REQUIRED** when you submit your application. The certified/dated copies must be current (dated within the past 3 months). Without 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 therefore need not 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/diversion 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
- **DISCIPLINARY ACTION:** If you have been **disciplined** by any Board (e.g professional licensure) or governmental agency (e.g. Department of Health and Environment regarding CNA or HHA certification, Department of Revenue regarding a driver’s license suspension, cancellation and/or revocation for any reason), you are **REQUIRED** to provide a 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 requesting 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/administrative action
 - Circumstances leading up to the arrest or disciplinary/administrative action
 - Actual conviction or disciplinary/administrative action
 - Actual sentence or board/regulatory agency order
 - Current status of sentence or order
 - Rehabilitation (if any)

If you have questions about the conviction or disciplinary action requirements, please contact the Kansas State Board of Nursing legal department at (785) 296-4325.

Background Checks Required for Nursing License

GENERAL INFORMATION

An applicant for a Kansas license by endorsement or exam is required to provide one completed fingerprint card in order to conduct background checks with the Kansas Bureau of Investigation and FBI. A fingerprint card must be obtained from the Kansas State Board of Nursing (KSBN) because it contains specific identifying information. **It takes about one (1) month to receive background check results.** Exam applicants should apply for a license at least one month prior to the graduation date in order to prevent delays. **The Board of Nursing will not license a person until the background checks are received. Enclose a check or money order for \$50.00 payable to the Kansas State Board of Nursing. Fees are nonrefundable.**

HOW TO COMPLETE THE FINGERPRINT CARD

If you are fingerprinted by using ink and a card, you MUST use the card provided by KSBN-call 785-296-4929 or 785-296-3375 to request a card.

- To facilitate prompt and accurate processing of the fingerprint card:
- Type or print legibly in black ink
- Stay within the blocks-DO NOT OVERLAP THE BLUE LINES
- You name on the card must be identical to the name of your application
- no staples anywhere on the card
- DO NOT FOLD FINGERPRINT CARD

Complete the following boxes on the card

- Last name, first name, middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (this block should read: KS920150Z State Board of Nursing, Topeka, Ks.)
- Date of birth (numeric month, numeric day, and numeric year)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e., United States, England, Philippines)
- Sex, race, height, weight, eyes (color), hair (color)
- Sex: M=Male; F=Female
- Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use "W")
- Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel;
- MAR=Maroon; PNK=Pink; XXX=Unknown
- Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city, state, or foreign country)
- Employer and address ("none" if you are unemployed)
- Social Security number
- Leave all other spaces blank (OCA, FBI, MNU, MNU)

Prints may be taken by any law enforcement official trained in taking fingerprints. The fingerprint card will be taken by the applicant to the facility that is taking the print. **The facility taking the print MUST mail the card and waiver directly to KSBN upon completing the prints.** A fee is occasionally charged. Staff of the Board of Nursing is also trained to take electronic prints and can be done in the board office and the fee is \$7.50. Prints must be rolled from nail to nail and the ridges should be sharp and distinct. The signature of the person taking the prints must appear on the fingerprint cards. **If reprints are required, a different individual than the one who originally took the prints must take them.**

NOTE: RNA ONLY

For your information, there is a legal requirement that Registered Nurse Anesthetists carry malpractice insurance and pay a surcharge to the State of Kansas Health Care Stabilization Fund. This procedure is handled through the Kansas Health Care Stabilization Fund at (785) 291-3777.