

For Office Use Only

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

ENDORSEMENT APPLICATION

Last Name First Name Middle Name

Previous Name (s) Maiden Name

Mailing Address

City State Zip Code

LPN: \$50

RN: \$75

LMHT: \$50

I hereby apply for licensure by endorsement as LPN RN LMHT in the state of Kansas and submit the following as evidence of my qualifications.

1. Date of Birth (MM) (DD) (YYYY) Place of Birth:

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)

. Ethnic Information: African American Asian Indian
Native American Asian-other
Hispanic Pacific Islander
White-Non Hispanic Other:

5. Languages spoken: (optional) English Spanish Other:

6. Phone: Home () - Work () - E-Mail (optional)

7. Basic Nursing Education: Name of School City State Grad Date

Place check mark next to type of basic nursing education

LPN RN, Diploma RN, Baccalaureate Degree
LMHT RN, Associate Degree

Request an official transcript be sent to KSBN

8. 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

9. Have you ever been convicted of a misdemeanor listed in KAR 60-3-113? 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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10. 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)

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

12. 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

13. 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)

14. Original state of Licensure: _____
 State Year Issued License Number

15. 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
State/Type	License #	Year of Issue	State/Type	License #	Year of Issue

16. Have you worked as an RN or LPN within the last 5 years? Yes _____ No _____
 If yes, list NURSING employment for the last five (5) years (additional employers may be listed on a separate sheet):

Name of Employer	Complete Address of Employer	Dates of Employment	Reason(s) for Termination	Contact Name/ Phone Number
	Mailing Address	Date Employed		
	City St Zip	Date Terminated		
	Mailing Address	Date Employed		
	City St Zip	Date Terminated		
	Mailing Address	Date Employed		
	City St Zip	Date Terminated		
	Mailing Address	Date Employed		
	City St Zip	Date Terminated		

17. Were any of the above hours worked in Kansas? Yes _____ No _____
 If yes, please indicate which employer(s) _____

18. LPN ONLY: Are you IV certified in another state? Yes _____ No _____
 If certified in Colorado, Mississippi, Missouri, or Ohio, attach a copy of your license showing IV certification. If certified in another state, you must complete the KSBN IV Therapy application and attach a copy of the course syllabus and certificate of completion.

19. Do you wish to obtain a 120-Day Temporary Permit?

Yes _____ No _____

If yes, a temporary permit may be issued upon receipt of evidence that you are currently licensed another state or territory.

The attached copy of my _____ license is a true and accurate record of current licensure.
(State)

20. Have you ever been licensed in Kansas as a LPN? Yes ____ No _____

If YES: License Number _____ Date Issued: _____

21. Have you ever been licensed in Kansas as an RN? Yes ____ No _____

If YES: License Number _____ Date Issued: _____

22. Have you ever received a temporary permit in Kansas to practice as an LPN or RN?

Yes _____ No _____

If yes, give dates of permit: _____

This AFFIDAVIT must be signed by you before a Notary Public.

Being duly sworn, I state I am the person who is referred to in this record of this endorsement 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: _____ License Number: _____

Verification of original licensure:

Please check one:

___ I have completed the Nursys verification and indicated I am applying for licensure in Kansas. (Nursys provides verification if you were originally licensed in one of the following states: Alaska, Arizona, Arkansas, Colorado, Delaware, Florida, Idaho, Indiana, Iowa, Kentucky, Maine, Maryland, Massachusetts, Minnesota, Mississippi, Missouri, Montana, Nebraska, New Hampshire, New Jersey, New Mexico, North Carolina, North Dakota, Ohio, Oregon, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin).

___ I have completed the Nursys verification but did not indicate that I am applying for license in Kansas.

NOTE: The on-line Nursys verification is available immediately and is valid for 90 days, after which it expires and is no longer available. If license verification is required after the expiration date, a new on-line Verification Request Application and fee must be submitted to NCSBN.

___ I have completed the verification form from the State Board where I was originally licensed and it will be mailed to Kansas.

Transcripts:

___ I have requested official transcripts be sent to KSBN from: _____
(Basic Education Program)

Signature

Date

WAIVER AGREEMENT AND STATEMENT
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

I hereby authorize (*Name of Authorized Recipient*) **Kansas State Board of Nursing** to submit a set of my fingerprints to the Kansas Bureau of Investigation (KBI) for the purpose of identifying me and accessing and reviewing Kansas and/or national criminal history records that may pertain to me. Pursuant to K.S.A. 22-4701 et seq. and K.S.A. 22-5001, the Authorized Recipient may obtain my criminal history record information for noncriminal justice purposes. By signing this waiver, it is my intent to authorize release to the above-referenced Authorized Recipient of any Kansas and/or national criminal history record that may pertain to me. I further understand that, if applicable, the Authorized Recipient may choose to deny me unsupervised access to children, the elderly, or individuals with disabilities until the criminal history background check is completed.

I understand that, upon my request, the Authorized Recipient will provide me a copy of the criminal history background report, if any, received on me, and that I am entitled to challenge the accuracy and completeness of any information contained in any such report. I may obtain a prompt determination as to the validity of my challenge before the Authorized Recipient makes a final decision about my status as an employee, volunteer or contractor, or my eligibility for any pertinent license, certification or registration, or adoption.

I have ____ **OR** have not ____ been convicted of a crime.

If convicted, describe the crime(s), the date and location of the crime(s), and the name of the convicting court: _____

Under penalty of perjury, I hereby declare that I am the person described below, and understand that any falsification of this statement constitutes a severity level 9, nonperson felony under the provisions of Title 21 Kansas Statutes Annotated, Section 3805.

Signature

Date

Printed Name

Date of Birth

Residential Address

City

State

Zip

WAIVER AGREEMENT AND STATEMENT (Cont.)
Fingerprint-Based Record Checks for Noncriminal Justice Purposes

**RIGHT TO OBTAIN AND CHALLENGE ACCURACY
OF CRIMINAL HISTORY RECORDS**

To obtain a copy of your Kansas criminal history record information (CHRI) to review for accuracy and completeness, you must send a set of your fingerprints, a letter requesting your record and payment of the appropriate fee to the KBI. To challenge the accuracy and completeness of your CHRI, send an email to Record_Check@kbi.state.ks.us. For further details, including the current fee, visit the following Internet website: [http://www.accesskansas.org/kbi/criminal history](http://www.accesskansas.org/kbi/criminal%20history). Or, you may write to:

Kansas Bureau of Investigation
Attn: Adult Records
1620 SW Tyler
Topeka, Kansas 66612-1837

To obtain a copy of your federal CHRI for review and challenge, contact the FBI at the following Internet website: <http://www.fbi.gov/hq/cjisd/fprequest.htm>. Or, you may write to:

Criminal Justice Information Services Division,
Attn: SCU, Module D-2
1000 Custer Hollow Road
Clarksburg, West Virginia 26306

**TO BE COMPLETED BY THE LAW ENFORCEMENT
AGENCY TAKING THE FINGERPRINTS**

Agency Name: _____

Address: _____

Telephone: _____ Fax: _____

Method of Verifying Identity: _____

Name of Individual Verifying Identity
on Behalf of the Authorized Recipient: _____

**ORIGINAL – MUST BE RETAINED BY THE KANSAS STATE BOARD OF NURSING COPY –
PROVIDED TO SUBJECT OF CRIMINAL HISTORY RECORD CHECK**

KANSAS STATE BOARD OF NURSING

Landon State Office Building
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Topeka, KS 66612-1230
(785) 296-4929

INSTRUCTIONS FOR COMPLETION OF ENDORSEMENT APPLICATION

Licensure in Kansas is mandatory to practice nursing. Applicants may not practice professional or practical nursing in Kansas until licensed or issued a temporary permit by the Kansas State Board of Nursing. The practice of nursing in the state of Kansas without a license is a violation of statute and violators will be prosecuted. Licensure in another state, territory or country does not grant applicants the privilege of practicing nursing in Kansas

<p>Application Checklist <u>Applications are legal document</u></p>
<p><input type="checkbox"/> All required blanks are complete – typed or in blue or black ink (Corrections made with fluid or tape are not permitted)</p>
<p><input type="checkbox"/> Application is signed, dated, and notarized</p>
<p><input type="checkbox"/> Appropriate fee is attached</p>
<p><input type="checkbox"/> All required additional documents are attached, signed and dated</p>
<p><input type="checkbox"/> Request for verification from original state of licensure is complete</p>
<p><input type="checkbox"/> Request for official transcript to be sent to KSBN is complete</p>
<p><input type="checkbox"/> Completed Fingerprint Card and Fee</p>
<p><input type="checkbox"/> Completed Fingerprint Waiver Agreement and Statement</p>

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 RN & LPN: The Kansas Board of Nursing requires:

1. graduation from an approved school of practical nursing or professional nursing in the United States or its territories or from a school of practical nursing or professional nursing in a foreign country which is approved by the board.

NOTE: To be approved, a nursing program must provide clinical experience. The clinical component of the program must entail an active process in which the student participates in nursing activities while being guided by a member of the faculty.

FOR NURSES EDUCATED IN COUNTRIES OTHER THAN THE UNITED STATES: See Special Instructions For Nurses Educated in Countries Other Than the United States.

2. licensure by examination in another jurisdiction which utilized the State Board Test Pool Examination (SBTPE) or the National Council Licensure Examination (NCLEX) as the licensing tool.

NOTE: LPN's licensed in Texas and California -- Because Texas did not utilize the State Board Test Pool Examination for LPN's between 1952 and 1968 and California did not use the State Board Test Pool Examination or the National Council Licensure Examination from July 1974 to March 1986, individuals licensed in those jurisdictions during that time who have not taken either examination will not be licensed in Kansas until the National Council Licensure Examination (NCLEX) has been successfully completed.

Official transcripts showing completion of all requirements and the type of degree/certification conferred are required of all applicants before a permanent license can be issued.

Education LMHT: The Kansas Board of Nursing requires:

1. graduation from an approved course of mental health technology .
2. licensure by examination in another jurisdiction which meets the Kansas Board of Nursing requirements

Official transcripts showing completion of all requirements and the type of degree/certification conferred are required of all applicants before a permanent license can be issued.

NOTE: If you have not been licensed as a professional or practical nurse within the preceding five year period, proof of satisfactory completion of a refresher course approved by the Kansas Board must be submitted.

Requirements for 120-Day Temporary Permit:

The granting of a temporary permit is discretionary and in no circumstances guarantees licensure to follow. Upon receipt of a copy of an active license in another state or territory, a temporary permit to practice while waiting for verification of original licensure may be issued. 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.

Verification from original state of licensure: The Kansas State Board of Nursing must receive verification directly from the original state of licensure prior to issuing a permanent license in Kansas. Some states participate in Nursys, a web-based license verification database. If your original state of licensure is participating in Nursys, complete the Nursys License Verification Request Form (on-line at www.nursys.com). The verification request can be completed on-line. If the information received from Nursys is not complete, verification from the original state of licensure will be required. The states participating in Nursys are AK, AZ, AR, CO, DE, FL, ID, IN, IA, KY, ME, MD, MA, MN, MS, MO, MT, NE, NH, NJ, NM, NC, ND, OH, OR, SC, SD, TN, TX, UT, VT, VA, WA, WV and WI.

If your original state of licensure does not participate in Nursys, please complete the top portion of the Endorsement Verification Form and submit to your original state of licensure. Please contact the Board of Nursing in your **original** state of licensure concerning fees for this service.

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 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
- Your name on the card must be identical to the name of your application
- no staples anywhere on the card
- DO NOT FOLD FINGERPRINT CARD
- You must return the fingerprint card and application together using a 9X12 envelope

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.**