

**Kansas State Board of Nursing
900 SW Jackson, Room 1051
Topeka, KS 66612-1230**

INFORMATION REQUEST/RECORD INSPECTION FORM

In accordance with KORA regulations, you will be charged the cost of providing open records information.

Requestor's Name: _____

Organization: _____

Address: _____
(Street/PO Box) (City, State, Zip Code)

Phone: _____ Fax: _____ email address: _____

1. What data or information would you like to obtain? _____

For mailing labels/list information, please complete the attached page.

2. What is the intended use of the data? _____

3. If data needed for project or study, provide a copy of approved institutional review board form.

CERTIFICATE OF COMPLIANCE WITH KSA 45-230

I, _____, understand that no person shall receive, for the purpose of selling or offering for sale any property or service to person listed therein, any list of names or addresses contained in or derived from a public record, except that a list of names and addresses of licensees of the Board may be received by a professional organization for membership, informational, or other purposes related to the practice of the profession, and a list of names and addresses of persons applying for license examination may be received by professional organizations providing educational materials for the purpose of providing persons with information relating to the availability of such materials.

I also understand that violation of the statute prohibiting the unlawful use of names derived from a public record will result in a civil penalty in an action brought by the attorney general or county or district attorney in a sum set by the court not to exceed \$500 for each violation.

In accordance with these provisions, I certify that I do not intend to, and I will not, use any list of names or addresses contained in or derived from the record for the purpose of selling or offering for sale any property or service to any person listed or to any person who resides at any address listed; neither will sell, give, or otherwise make available to any person any list of names or addresses contained in or derived from the records or information for the purpose of allowing that person to sell or offer for sale any property or service to any person listed or to any person who resides at any address listed.

Signature Date

Order Form for List Information and Mailing Labels

Please complete the order form below and enclose a check payable to KSBN

Electronic Mail: Name, mailing address, city, state, zip code, profession, county in Excel format

_____ All licensees	\$27.00
_____ RN	\$27.00
_____ LPN	\$27.00
_____ ARNP	\$27.00
_____ RNA	\$27.00
_____ LMHT	\$27.00

CD: Name, mailing address, city, state, zip code, profession, county in Excel format

_____ All licensees	\$30.00
_____ RN	\$30.00
_____ LPN	\$30.00
_____ ARNP	\$30.00
_____ RNA	\$30.00
_____ LMHT	\$30.00

Mailing Labels: Name, address, city, state, zip code

_____ All licensees	\$665.00
_____ RN	\$515.00
_____ LPN	\$145.00
_____ ARNP	\$50.00
_____ RNA	\$30.00
_____ LMHT	\$30.00

Printed copy of List: Name, mailing address, city, state, zip code, profession, county

_____ All licensees	\$230.00
_____ RN	\$185.00
_____ LPN	\$60.00
_____ ARNP	\$30.00
_____ RNA	\$25.00
_____ LMHT	\$25.00

If your order includes a special request, you will be billed for additional time if needed.

Special Requests:

_____ Specific State – Indicate name of state _____
_____ Specific County – Indicate name of county(s) _____
_____ Other: (please specify) _____

Requested by: Name _____

Organization: _____