

For Office Use Only

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

LICENSE RENEWAL APPLICATION

Last Name First Name Middle Name

Previous Name (s) Maiden Name

Mailing Address

City State Zip Code

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: (optional) English ____ Spanish ____ Other: _____

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

6. 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 _____

7. 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)

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 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 explain in an accompanying 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 explain in an accompanying letter.

Please write LICENSE NUMBER in blank and CHECK all that apply

RENEW ACTIVE LICENSES:

(Example: RN: 13-12345-678 \$60 X)

LPN: _____ \$60 _____

RN: _____ \$60 _____

LMHT: _____ \$60 _____

NP: _____ \$60 _____

CNS: _____ \$60 _____

NMW: _____ \$60 _____

RNA: _____ \$60 _____

Exempt license:

LPN Exempt: _____ \$50 _____

RN Exempt: _____ \$50 _____

LMHT Exempt: _____ \$50 _____

NP/CNS/NMW/RNA Exempt: _____ \$50 _____

Inactive License:

LPN Inactive: _____ \$10 _____

RN Inactive: _____ \$10 _____

LMHT Inactive: _____ \$10 _____

Total Enclosed

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. List states (other than Kansas), territories, or countries in which you have ever been licensed (active and expired) and the type of Nursing license you held (LPN, RN, NP, CNS, NMW, RNA). (If additional pages are needed, sign and date each attached page.)

_____ Not applicable (Never permanently licensed in another state.)

State/Type	License #	Date of original issue	State/Type	License #	Date of original issue

13. Please select one:

_____ Inactive

If you wish to have your license placed on "Inactive" status, please place a check mark next to "INACTIVE". Complete questions 1 – 12, sign and date this application and return with the appropriate fee. Continuing education hours are not required for "Inactive" status.

_____ Exempt (Must complete page 3)

If you wish to have an exempt license (not regularly engaged in nursing practice in Kansas, but volunteer nursing service or are a charitable health care provider as defined by K.S.A. 75-6102), place a check mark next to "Exempt". Continuing education hours are not required for "Exempt" status. A copy of your contract with KDHE is required to establish your status as a charitable health care provider.

_____ First Renewal Following Examination

If you passed the NCLEX examination **less than 30 months prior to the expiration of your license** place a check mark next to "First Renewal". Continuing education hours are not required for "First Renewal" status.

_____ Endorsement or Reinstatement less than 9 months prior to license expiration

If you received your license in Kansas through endorsement or reinstatement less than 9 months prior to the license expiration date, place a check mark next to "Endorsement or Reinstatement". Continuing education hours are not required for "Endorsement/Reinstatement" status. If you have questions about whether you need CNE or the date of issue of your license, please contact KSBN.

_____ Renewal –Continuing Nursing Education Required

Mandatory Continuing Nursing Education you must complete at least 30 contact hours of continuing nursing education approved by a state board of nursing or national nursing organization. CNE that has not been approved for nursing (such as college courses) must be submitted prior to renewal using the Individual Offering Approval form. If selected for an audit of CNE hours, notification will be received by mail and you will be given 21 days to submit copies of CNE to the Board office. DO NOT mail copies of CNE certificates with your renewal.

14. Have you obtained 30 hours of CNE for re-licensure as required by KSA 65-1117? Yes _____ No _____

15. Are you: _____ Employed as a nurse? _____ Hospital _____ Long term care _____ Office/Clinic
 (if yes, indicate setting) _____ Community/Home Health _____ Other Nursing
 _____ Employed, not as a nurse _____ Not Employed _____ Retired

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."

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

Date (MM/DD/YYYY)

Revised 7/2009

COMPLETE ONLY IF YOU ARE APPLYING FOR EXEMPT STATUS

Exempt Status: (You must answer yes to one of the following)

A. Are you providing, or do you intend to provide, volunteer nursing or mental health technology services?
Yes _____ No _____

If yes, provide the following information for each business, organization or individual for whom you will volunteer:

Business Name	Address	Contact Name	Contact phone number
Business Name	Address	Contact Name	Contact phone number
Business Name	Address	Contact Name	Contact phone number

B. Are you a charitable health care provider as defined by K.S.A. 75-6102? Yes ___ No ___

If you are a charitable health care provider, attach a copy of your agreement with the Secretary of Kansas Department of Health and Environment acknowledging your status as a charitable health care provider under K.S.A. 75-6102 and amendments thereof.

Please provide name, address and phone number where you are providing charitable health care:

Business Name	Address	Contact Name	Contact phone number
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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

Date (MM/DD/YYYY)

INSTRUCTIONS FOR COMPLETION OF RENEWAL APPLICATION

Online Renewal is available!!!

www.ksbn.org

To renew online:

- You must have access to the Internet, a checking account or credit card, and register an account online.
- Log onto www.ksbn.org.
- Choose Online License Renewals and follow the directions on the screen.
- If you have not already created your own unique User ID and Password you will need to Register a Person before you can begin the Renewal process.

There is no need to mail a renewal application to the Board of Nursing when using Online Renewal.

There are some cases where individuals are not eligible to use the online license renewal process at this time. Do not proceed online if:

- Initiating or Renewing Inactive license status
- Initiating or Renewing an Exempt license

To Renew by Mail

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).
- _____ License number and check mark by all licenses you wish to renew.
- _____ Application is signed and dated (with a current date).
- _____ All attached pages signed and dated (with a current date).
- _____ Completed continuing education is approved by board of nursing or national nursing organization, at least 1 contact hour in length, and completed during current licensing period.
- _____ Appropriate fee is attached (total fee for all licenses).
- _____ All required additional documents are attached and are certified copies.
- _____ Military orders are attached if you are renewing following active military service and wish to defer CNE requirements.
- _____ License is active on the date the application is postmarked.

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 and made payable to the Kansas State Board of Nursing. The application fee must accompany the application.

DO NOT SEND COPIES OF CONTINUING NURSING EDUCATION. If selected for an audit of continuing nursing education hours, notification will be received by mail. Nurses selected for an audit are given 21 days to submit copies of continuing nursing education certificates to the Board.

PLEASE ALLOW TWO WEEKS FOR PROCESSING YOUR RENEWAL APPLICATION. If the renewal application is not postmarked by the last day of the renewal month, reinstatement will be required and you will be unable to practice in Kansas until reinstatement is complete, this can take up to TEN business days or more from receipt.

Requirements for Additional Documents:

- **CHANGE OF NAME:** Submit to the Board a notarized Change of Name Certificate (available in the forms section at www.ksbn.org) or the certified legal document (i.e., marriage certificate, divorce decree) with Application. You can not change your name online.
- **Military Orders:**
 - Currently on Active Duty: The provisions of KSA 48-3402 continue an active license while on active duty. If you are on active duty; please submit a certified copy of active duty papers. According to KSA 48-3404, this provision does not apply if you practice outside of the line of duty in the military service.
 - Recently discharged from Active Duty: The provisions of KSA 48-3403 allow for renewal of a license for a period of 6 months after discharge from active duty; if engaged in the practice of nursing in Kansas, the renewal must be submitted within 2 weeks after engaging in practice. Continuing education is not required for the renewal within 6 months of discharge from active duty. If you have been recently discharged, please submit a certified copy of discharge papers.
 - **Please note:** If you work more than 2 weeks following discharge without submitting a renewal application it is considered “unlicensed practice”.
- **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. (Note if this action has been previously submitted to KSBN and give KSBN case number. Do not send a second copy.)
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 other Board (e.g. professional licensure) or governmental agency (e.g. Department of Health and Environment regarding CAN, CMA, 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. (Note if this action has been previously submitted to KSBN and give KSBN case number. Do not send a second copy.)
 - **EXPLANATORY LETTER:** You are **REQUIRED** to submit an explanatory letter regarding EACH conviction and/or disciplinary/administrative action when it is first reported. 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.

