

## 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 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](http://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
- **You do not have the required and preapproved 30 hours of continuing nursing education (CNE).**
- **If you have college courses that have not been approved through the Individual Offering of Approval (IOA) process.**

#### 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 approved by board of nursing or national nursing organization, at least ½ 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.**

**Renew a license as Exempt:**

K.A.R. 60-3-112, 60-11-121 and 60-7-109, Exempt License.

- (a) An exempt license shall be granted only to an RN, LPN, APRN (NP, CNS, RNA or NMW) or LMHT who meets these requirements:
- (1) **Is not regularly engaged in nursing or mental health technology Kansas, but volunteers nursing or mental health services or is a charitable health care provider, as defined by K.S.A. 75-6102 and amendments thereto:** and
  - (2) (A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or  
(B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.
- (b) The expiration date of the exempt license shall be in accordance with K.A. R. 60-3-108.
- (c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee.

**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](http://www.ksbn.org)) and a copy of the certified legal document (i.e., marriage certificate, divorce decree) with your renewal 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
- 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 other Board (e.g. professional licensure) or governmental agency (e.g. Department of Health and Environment regarding CNA, 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.**

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 (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell (\_\_\_\_) \_\_\_\_ - \_\_\_\_ E-Mail \_\_\_\_\_  
(optional)

6. Education Completed: Please check all that apply

- |                               |                                                           |                                                       |
|-------------------------------|-----------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> LPN  | <input type="checkbox"/> RN, Diploma                      | <input type="checkbox"/> Masters in Nursing           |
| <input type="checkbox"/> LMHT | <input type="checkbox"/> RN, Associate Degree             | <input type="checkbox"/> Masters, Other Field _____   |
|                               | <input type="checkbox"/> RN, Baccalaureate Degree         | <input type="checkbox"/> Doctorate in Nursing         |
|                               | <input type="checkbox"/> Baccalaureate, Other Field _____ | <input type="checkbox"/> 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, state or municipal 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 \$55 X)

- LPN: \_\_\_\_\_ \$55 \_\_\_\_\_
- RN: \_\_\_\_\_ \$55 \_\_\_\_\_
- LMHT: \_\_\_\_\_ \$55 \_\_\_\_\_
- NP: \_\_\_\_\_ \$55 \_\_\_\_\_
- CNS: \_\_\_\_\_ \$55 \_\_\_\_\_
- NMW: \_\_\_\_\_ \$55 \_\_\_\_\_
- RNA: \_\_\_\_\_ \$55 \_\_\_\_\_

- 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. Do you suffer from an impairment that affects your ability to practice nursing with reasonable skill and safety? Kansas law defines impairment as physical or mental disability including deterioration through the aging process, loss of motor skill or abuse of drugs or alcohol (KSA 65-4924(a)). Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain in n accompanying letter. (Include what occurred, date of occurrence and explanation)

13. 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

14. 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 may be volunteering 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. The third page of this application must be completed for exempt license status.

**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.

15. Have you obtained 30 hours of **preapproved** CNE for re-licensure as required by KSA 65-1117? Yes \_\_\_\_\_ No \_\_\_\_\_

16. 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. And I understand a license will not be issued until the Kansas State Board of Nursing has fully reviewed the required documentation.

\_\_\_\_\_  
**Signature**  
(DO NOT WRITE BELOW (FOR OFFICE USE ONLY))

\_\_\_\_\_  
**Date (MM/DD/YYYY)**

# COMPLETE ONLY IF YOU ARE APPLYING FOR EXEMPT STATUS

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

Are you providing, or do you intend to provide:

Volunteer nursing or mental health technology services Yes \_\_\_\_ No \_\_\_\_, or

Be a charitable health care provider (K.S.A. 75-6102) Yes \_\_\_\_ No \_\_\_\_

A license issued to a person who is not regularly engaged in the practice of nursing or as a Mental Health Technician in Kansas and who does not hold oneself out to the public as being professionally engaged in such practice. Each exempt license may be renewed biennially.

K.A.R. 60-3-112, 60-11-121 and 60-7-109, Exempt License.

- (a) An exempt license shall be granted only to an RN, LPN, APRN (NP, CNS, RNA or NMW) or LMHT who meets these requirements:
  - (1) Is not regularly engaged in nursing or mental health technology in Kansas, but volunteers nursing or mental health services or is a charitable health care provider, as defined by K.S.A. 75-6102 and amendments thereto: and
  - (2) (A) Has been licensed in Kansas for the five years previous to applying for an exempt license; or (B) has been licensed, authorized, or certified in another jurisdiction for the five years previous to applying for an exempt license and meets all requirements for endorsement into Kansas.
- (b) The expiration date of the exempt license shall be in accordance with K.A. R. 60-3-108.
- (c) Each application for renewal of an exempt license shall be submitted upon a form furnished by the board and shall be accompanied by the fee.

Please confirm the license(s) in which you are renewing as an exempt license.

- Registered Nurse, License No. \_\_\_\_\_
- Licensed Practical Nurse, License No. \_\_\_\_\_
- Licensed Mental Health Technician, License No. \_\_\_\_\_
- Nurse Practitioner, License No. \_\_\_\_\_
- Clinical Nurse Specialist, License No. \_\_\_\_\_
- Nurse Midwife, License No. \_\_\_\_\_
- Registered Nurse Anesthetist, License No. \_\_\_\_\_

I acknowledge by marking this box, that I am a charitable health care provider, or a volunteer nurse or mental health technician and I am not providing nursing or license mental health service in Kansas and meet the requirements of K.A.R.60-3-1121, 60-11-121 or 60-7-109.

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. And I understand a license will not be issued until the Kansas State Board of Nursing has fully reviewed the required documentation.

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Signature

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Date (MM/DD/YYYY)