

For Office Use Only

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

REINSTATEMENT 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) _____ 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)

4. Ethnic Information: _____ African American _____ Asian Indian
(optional) _____ 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. High School: _____
Name City State Grad Date GED Date

8. Basic Nursing Education _____
Name of School City State Grad Date

Please check type of education:
____ LPN _____ RN, Diploma _____ RN, Baccalaureate Degree
____ LMHT _____ RN, Associate Degree

9. 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 _____

10. 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)

Please write LICENSE NUMBER in blank and CHECK all that apply

(Example: RN: 13-12345-678 \$70 X)

LPN with Temporary permit: _____ \$95 _____

LPN without Temporary permit: _____ \$70 _____

RN with Temporary permit: _____ \$95 _____

RN without Temporary permit: _____ \$70 _____

ARNP without Temporary permit: _____ \$75 _____

RNA with Temporary permit: _____ \$70 _____

RNA without Temporary permit: _____ \$60 _____

LMHT with Temporary permit: _____ \$75 _____

LMHT without Temporary permit: _____ \$70 _____

Total _____

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

19. **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.

20. Do you wish to obtain a 120-Day Temporary Permit to complete your 30 hours of CE?
Yes _____ No _____
If yes, a temporary permit may be issued upon receipt of evidence that you are currently licensed or have been licensed in Kansas or another state or territory within the last 5 years.

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

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."

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 reinstatement 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)

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(785) 296-4929

INSTRUCTIONS FOR COMPLETION OF REINSTATEMENT APPLICATION

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
- All attached pages signed and dated
- Continuing education approved by board of nursing or national nursing organization/association and a minimum of 1 contact hour in length
- Appropriate fee is attached
- All required additional documents are attached
(except CE when applying for a temporary permit)

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.

Kansas License lapsed within the past five (5) years:

Submit to the Board the completed Reinstatement Application, appropriate fee, and satisfactory proof of 30 hours of approved continuing nursing education earned within the last two (2) years (copies of certificates of completion are required).

Kansas License lapsed five (5) years or more:

Submit to the Board the completed Reinstatement Application, appropriate fee, and one of the following:

- Evidence of licensure in another state during the preceding five-year period and satisfactory proof of 30 hours of approved continuing nursing education earned within the last two (2) years (copies of certificates of completion are required), or
- Evidence of satisfactory completion of a refresher course approved by the Kansas State Board of Nursing. Please arrange refresher course prior to filing reinstatement application. A temporary permit is not required to complete a refresher course but an application must sent to KSBN prior to beginning the clinical portion of the refresher course. A Board approved refresher course serves as acceptable continuing nursing education.

Requirements for 120-Day Temporary Permit:

You may apply for a 120-Day Temporary Permit to complete the 30 hours of continuing education. 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
- Have other disqualifying factors.

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. (Note if 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 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. (Note if 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. 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.