

**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 REINSTATEMENT APPLICATION**

<p><b>Application Checklist</b></p> <p><b><u>Applications are legal documents</u></b></p> <p>_____ All required blanks are complete – typed or in blue or black ink (Corrections made with fluid or tape are not permitted)</p> <p>_____ Application is signed and dated</p> <p>_____ All attached pages signed and dated</p> <p>_____ Continuing education approved by board of nursing or national nursing organization/association and a minimum of 1/2 contact hour in length</p> <p>_____ Appropriate fee is attached</p> <p>_____ All required additional documents are attached (except CE when applying for a temporary permit)</p>
---

**All information on the attached application must be complete and accompanied by the appropriate fee(s). 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 cashier's 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 preceding five (5) years:**

Submit to the KSBN the completed Reinstatement Application, appropriate fee(s), and satisfactory proof of 30 contact hours of approved continuing nursing education (CNE) earned within the preceding (2) year period (copies of certificates of completion must be mailed/faxed/mailed to KSBN).

**Kansas License Lapsed five (5) years or more:**

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

- Evidence of licensure in another jurisdiction that requires 30 contact hours of continuing nursing education, **OR**
- Evidence of licensure in another state during the preceding five (5) year period and satisfactory proof of 30 contact hours of approved continuing nursing education earned within the preceding two (2) years (copies of certificates of completion must be mailed/faxed/mailed to KSBN), **OR**
- Evidence of satisfactory completion of a [refresher course](#) approved by the Kansas State Board of Nursing. Please arrange [refresher course](#) prior to filing a completed reinstatement application. A TEMPORARY PERMIT IS NOT REQUIRED TO COMPLETE A REFRESHER COURSE BUT AN

APPLICATION MUST BE SENT TO KSBN PRIOR TO BEGINNING THE CLINICAL PORTION OF THE REFRESHER COURSE. A KSBN approved [refresher course](#) serves as acceptable continuing nursing education.

**Advanced Practice Reinstatement:**

Licensure in Kansas is mandatory to practice as an advanced practice registered nurse (APRN). **You may not be employed to practice as an APRN in Kansas until licensed/certified or issued a temporary permit by the Kansas State Board of Nursing.** Licensure/certification in another state, territory or country does not grant applicants the privilege of practicing as an APRN in Kansas. **APRN applicants must also have a current license as a Registered Professional Nurse in Kansas.**

**Kansas Advanced Practice License lapsed within five (5) years:**

- Satisfactory proof of 30 contact hours of approved continuing nursing education in the advanced practice registered nurse role earned within the preceding two (2) year period (copies of certificates of completion must be mailed/faxed/emailed); **OR**
- Evidence of licensure in another jurisdiction and while licensed in the jurisdiction, has accumulated 1,000 hours of advanced registered nurse practitioner practice within the preceding five (5) year period. (Form to verify 1,000 hours is available on the KSBN website, [Affidavit of Hours Worked](#) )

**Kansas Advanced practice license lapsed five (5) years or more:**

- Satisfactory proof of 30 contact hours of approved continuing nursing education in the advanced practice registered nurse role earned within the preceding two (2) years (copies of certificates of completion must be mailed/faxed/emailed) and evidence of licensure in another jurisdiction and while licensed in the jurisdiction, has accumulated 1,000 hours of advanced register nurse practitioner practice within the preceding five (5) year period. (Form to verify 1,000 hours is available on KSBN's website, [Affidavit of Hours Worked](#) ) **OR**
- Verification of completion of a [refresher course](#) approved by the KSBN.

**Temporary Permit**

The granting of a temporary permit is **discretionary** and in no circumstance guarantees licensure to follow.

You may be eligible for a **NONRENEWABLE** temporary permit which permits employment as a LPN/RN/RNA in the state of Kansas while the applicant is completing required continuing nursing education. Prior to the issuance of a temporary permit, a completed reinstatement application (and fee(s)) and proof of current licensure in another state is required.

Some examples of in which a temporary permit may be denied include (but not limited to), 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.
- No Social Security Number.

### **Legal – Misdemeanor/Felony/Disciplinary Action**

**Convictions:** If you have been convicted of a misdemeanor and/or felony, specific certified/dated copies of court documents (for EACH) conviction are **REQUIRED** and must be mailed to KSBN. The certified/dated copies must be current (dated within 3 months of submission). Without receipt of 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 **DOES NOT** need to 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(s) 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.

### **Example of things to report to the KSBN:**

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 State Board of Nursing (e.g. professional licensure) or governmental agency (e.g. Department of Aging and Disability Services regarding CNA, CMA and HHA certification, Department of Revenue regarding a driver’s license suspension, cancellation and/or revocation for any reason) you are **REQUIRED** to provide 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 action;
- Circumstances leading up to the arrest or disciplinary/administrative action ;
- Actual conviction or disciplinary/administrative action;
- Actual conviction or disciplinary/administrative action;
- Actual sentence or board/regulatory agency order;
- Current status of sentence of order; and
- Rehabilitation (if any).

### **Legal Questions on Application**

If you answer yes to question(s) on the application or have a criminal history on your background/history, the required documentation must be received by KSBN or it will be considered incomplete and cannot be processed by KSBN.

**If you have questions about the conviction or disciplinary action requirements, please contact the Kansas State Board of Nursing Legal Department at 785.296.1817.**

### **Check Application Status**

Access the KSBN website and click on "[check status of application](#)" log in and locate the license application, then click "View Checklist". When a requirement for licensure has been received it will be marked "completed" with the date it was processed. Should an item still say "unchecked" KSBN has either not received the item or it has not been processed yet (please allow 3-5 business days) by the office.

- [Check Status of Application](#) (on [KSBN](#) website)
- Log-in
- View Checklist (for application you're checking on)

**Please be advised "not applicable" means the item is NOT required or needed.**

### **Verify a Kansas License**

Access the KSBN website and click on "[license verification database](#)" and click "begin searching" (green button under picture of mobile devices) then select the tab for the way you would like to search, either "Search by License Number" or "Search by Name". Once your license has been issued or reinstated it will display here with updated information. You can print a current copy of your license anytime from this site free of charge.

For Office Use Only

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

REINSTATEMENT APPLICATION

Table with 2 columns: License Type and Fee. Includes instructions: 'Please write LICENSE NUMBER in blank and CHECK all that apply'. Example: RN: 13-12345-678 \$70 X. Rows include LPN, RN, APRN, RNA, and LMHT with and without temporary permits, plus a Total row.

Last Name First Name Middle Name
Only Middle Initial No Middle Name/Initial

Mailing Address

City State Zip Code

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

2. 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.)

3. Phone: Home Cell E-Mail

4. Have you ever been convicted of a misdemeanor? Any convictions of speeding or parking violations do not need to be reported.

If yes, where: (If answer is yes, please attach a 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.)

5. Have you ever been convicted of a felony? Any convictions of speeding or parking violations do not need to be reported.

If yes, where: (If answer is yes, please attach a 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)

6. Are criminal proceedings pending in any federal or state court? Yes No

If yes, where: Please explain in an accompanying letter.

7. 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.

8. 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 U.S. Government, territory of the US or country or municipal? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where: \_\_\_\_\_  
 (If answer is yes, please attach a 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.)

9. Have you worked as an **RN, LPN, CNS, NP, RNA, NMW** or **LMHT** in Kansas over the last 5 years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list **ALL NURSING** employment for the last five (5) years (additional employers may be listed on a separate sheet):  
**Please fill out the application completely, furthermore all date fields must be completed mm/yyyy, if application is incomplete or date fields are incorrectly completed, the application will not be processed. (If additional pages are needed, sign and date each attached page)**

Name and Complete Address of Employer	Dates of Employment	Reason(s) for Leave	Contact Info:
Employer Name	Start Date (mm/yyyy)	_____	Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City _____ ST _____ Zip _____			
Employer Name	Start Date (mm/yyyy)	_____	Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City _____ ST _____ Zip _____			
Employer Name	Start Date (mm/yyyy)	_____	Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City _____ ST _____ Zip _____			
Employer Name	Start Date (mm/yyyy)	_____	Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City _____ ST _____ Zip _____			
Employer Name	Start Date (mm/yyyy)	_____	Contact Name
Mailing Address	Last Date Worked (mm/yyyy)		Contact Phone Number
City _____ ST _____ Zip _____			

10. **LPN ONLY:** Are you IV certified in another state? Yes \_\_\_\_\_ No \_\_\_\_\_

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.

11. Do you wish to obtain a 120-Day Temporary Permit to complete your 30 hours of CE?

Yes \_\_\_\_\_ No \_\_\_\_\_

---

**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)**

---

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