

11. 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)

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

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

13. 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

14. 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)

15. Original state of Licensure: _____
 State /Type _____ Year Issued _____ License Number _____

16. List other states, territories or countries in which you have been licensed and the type of Nursing license you held (RN, LPN, ARNP) (If additional pages needed, sign and date each attached page)

____ Not applicable

State/Type	License #	Year of Issue	State/Type	License #	Year of Issue

17. Have you worked as an **RN, LPN or LMHT** within 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 completely, if incomplete, application will not be processed.

Name of Employer	Complete Address of Employer	Dates of Employment	Reason(s) for Leaving	Contact Info:
	Mailing Address	Date Employed		Contact Name
	City St Zip	Last date of Employment		Phone Number
	Mailing Address	Date Employed		Contact Name
	City St Zip	Last date of Employment		Phone Number
	Mailing Address	Date Employed		Contact Name
	City St Zip	Last date of Employment		Phone Number
	Mailing Address	Date Employed		Contact Name
	City St Zip	Last date of Employment		Phone Number

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)

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

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.