

# Change Your Address

The screenshot shows the homepage of the Kansas State Board of Nursing. At the top, there is a navigation bar with links for "Online License Renewal", "Online Address Change", and "License Verification Database". A search bar is also present. A red box with an arrow points to the "Online Address Change" link in the header, containing the text: "Select 'Online Address Change' from either the header or Online Services." Another red box with an arrow points to the "Online Address Change" link in the "Online Services" menu, containing the text: "1. Enter your 'User ID' and 'Password'." The "Online Services" menu includes links for "Online License Renewals", "Check Status of Application", "Check Status Instructions - PDF", "Online Address Change", "KS Automated Nurse Notification", "License Verification Database", "Online Education Annual Report", "New or Renewal 5 Year CNE Provider", and "Finger Print Card Order Form".

The screenshot shows the login page for the Kansas Online Nursing License Renewal. The page title is "Kansas Online Nursing License Renewal". A "Menu" on the left includes a link for "Register a Person". The main heading is "Welcome to Kansas Board of Nursing". Below this, there is a paragraph: "This site was created to give Nursing licensees the opportunity to manage their licenses online." Another paragraph follows: "If you haven't already registered and wish to renew an existing practitioners license or changes, click here to register (or click the register a person link on the left)." The login form consists of two input fields: "User Id:" with the text "bdoe" and "Password:" with masked characters. A "Login" button is located below the fields. A red box with an arrow points to the "Login" button, containing the text: "2. Click 'Login'". Below the login form, there is a link: "Click here if you have forgotten your password."



- Menu
- Renew License
- Address Change**
- Logout

### Licensing Home Page

The list below displays all licenses currently held by you and all licenses currently being applied for. To renew a license, click the **renew license** link on the left.

#### Personal Information

bob doe  
900 SW Jackson St., Ste 1051  
The Landon State Office Building  
Topeka, KS 66610  
United States

Phone: 7858175936  
Cell: [redacted]  
Email: [adrian.guerrero@ksbn.state.ks.us](mailto:adrian.guerrero@ksbn.state.ks.us)

2. Click here if you need to update your information.

1. Verify your information (address, phone(s) and email). If any is incorrect and needs to be updated click on the "address change" from the menu in upper left corner of screen. (see #2)

#### Licenses

Clinical Nurse Specialist	
License Number:	
Issue Date:	
Specialty	Primary
Cardiovascular	
Family	

  

Licensed Practical Nurse		<a href="#">View Checklist</a>
License Number:	License Status:	Pending
Issue Date:	Expiration Date:	

  

Nurse Midwife		<a href="#">View Checklist</a>
License Number:	License Status:	Pending
Issue Date:	Expiration Date:	

  

Nurse Practitioner	
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### Change Person Address

This Process can be used to change your address and contact information. If you need to make a change of name or other personal details, you will need to contact the board.

[Next](#)

Click "Next".



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### Update Person Address

Update the information in the form below and press the **update** button to save the changes. **NOTE:** Required fields are marked with an asterisk (\*).

#### Name

Full Name: bob doe

Birth Date: [REDACTED]

SSN: [REDACTED]

#### Address

1. Make necessary corrections to your personal information. If you should have a PO Box, please put in on Line 1 along with Street Address.

Country: United States Phone: [REDACTED] ex. 3015551212  
Line 1: 900 SW Jackson St. Ste 1051 Fax: [REDACTED]  
Line 2: DO NOT USE THIS FIELD Email: adrian.guerre  
City: Topeka  
Foreign Addresses:  
Enter city, region, postal code  
State: KS  
ZipCode: 66610 Get City from Zip  
ex. 02705 or 027051234

2. When you are done making changes, click "Next".



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### Application Summary

The changes you have made are listed below. Please review this information carefully to ensure it is correct. You may go back to any step in this process by clicking the corresponding link on the left.

When you have verified all information, click the **Submit Changes** button to complete the process.

#### Personal Information

bob doeName:

Licensee Address:  
900 SW Jackson St., Ste 1051  
The Landon State Office Building  
Topeka, KS 66610  
adrian.guerrero@ksbn.state.ks.us  
7858175936

1. Review the changes you made for accuracy. If you need to make a change click the back browser button, this will return you to the previous screen.

If all the above information is correct please press the **Submit Changes** button . Otherwise please go back and correct any information that is necessary.

2. If your information is correct click "Submit Changes".

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**Information Submitted**

Your information has been submitted. Please print this page as your proof of submission.

**2. Click "Licensing Home Page".**

**Application Information**

Date Submitted: 15 February 2013  
Applicant Name: bob doe  
Agency: KSBON  
Process: Address Change

Print Receipt

Interested in becoming a KS Emergency Nurse? Click [HERE](#) for more information.

**1. Print a copy of your submission for your records by clicking "Print Receipt".**