

INSTRUCTIONS FOR THE RN AND APRN LICENSURE APPLICATION

FAX COPIES OF APPLICATIONS WILL NOT BE ACCEPTED BY KBN

General Information ***PLEASE PRINT CLEARLY IN BLACK INK***

- Licensure fees and regulatory requirements are subject to change. Fees are NON-REFUNDABLE:
RN Endorsement & APRN Endorsement
\$150 RN Fee + \$150 APRN Fee + \$19.25 Fingerprint Card Fee
RN Reinstatement & APRN Reinstatement
\$120 RN Fee + \$120 APRN Fee + \$19.25 Fingerprint Card Fee
- Validation of name change(s) is required if the name on any document received at KBN is different from the name on the application for licensure. Acceptable validations include a copy of either a:
 1. Social security card,
 2. Marriage license, **OR**
 3. Court order or divorce decree showing the right to a name change.
- You are required to notify KBN within 30 days of an address change. The notification must include:
 1. Name
 2. Social security number or Kentucky nursing license number
 3. New address

Section 1: Biographical Data

- All information must be provided.
- KBN does not distribute/provide email addresses to third parties.

Section 2: Method of Application/Designation

- Check the appropriate box to indicate your APRN designation.
- Check the appropriate box to indicate whether you are applying for endorsement or reinstatement.
 - **Endorsement:** You have never held a Kentucky RN or APRN nursing license.
 - **Reinstatement:** Your Kentucky RN and APRN nursing licenses have lapsed.

Section 3: Declaration of Primary Residence and Areas of Practice

- Evidence of primary residence includes: 1) Voter registration, 2) Driver's license, 3) Federal income tax return and/or 4) Military Form No. 2058.
- DO NOT submit evidence of primary residence unless requested to do so.

Section 4: Disciplinary

- All questions must be answered. If you answer "yes" to any of these questions, your application will not be processed until the following documents are received:
 1. A detailed letter of explanation for each action taken.
 2. A certified copy of the Board's or other licensing agency's action.
- Failure to report any action pending or disciplinary action **EVER** taken on a nursing or other professional license may subject you to disciplinary action.
- Failure to report participation in an alternative to discipline/diversion program may subject you to disciplinary action.

Section 5: Criminal History

- All questions must be answered. You **MUST REPORT** the following and submit the required documents:
 1. All felony convictions ever received (submit Certified Court Documents & Detailed Letter of Explanation)
 2. All misdemeanor(s) received WITHIN 5 years of the date of application (submit Certified Court Documents & Detailed Letter of Explanation)
 3. All DUIs (submit Certified Court Documents & Detailed Letter of Explanation)
 4. All misdemeanor(s) received PRIOR TO 5 years of the date of application (MUST REPORT, but no documents required)
- NOTE: Traffic violations OTHER than DUIs do not need to be reported.
- If you answered “**YES**” to any question(s), allow 3 months for all information to be reviewed by KBN.
- Failure to report any criminal convictions **EVER** received may subject you to disciplinary action.

Section 6: Nursing Education

For your initial RN nursing education, list:

- Name of program of nursing
- Month and year graduated
- Degree obtained

For your advanced practice nursing education, list:

- Name of program of nursing
- Month and year graduated
- Degree/credential earned

A VisaScreen Certificate is required if your nursing education was outside of the U.S.A. For additional information, go to <http://kbn.ky.gov/license/foreign.htm>.

Section 7: APRN Data

- Check the appropriate box to indicate your advanced practice designation.
- Check the appropriate box to indicate your certification/specialty type.
- If applicable, check the appropriate box that indicates your primary and, if applicable, your secondary national certifying organization or the one to which you have applied.
- Indicate whether you have been licensed or registered as an Advanced Practice Registered Nurse for at least one year prior to filing this application.
- Indicate whether your national certification has ever been revoked or issued on a provisional status. If you answer “Yes” to this question, you must submit a detailed letter of explanation.
- If you hold national certification in more than one specialty and want KBN records to reflect all specialties, please contact the APRN Coordinator at (502) 429-3329.

Section 8: Application for Licensure by Reinstatement

Return to KBN:

- Completed application
- Fee of \$139.25 (\$120 application fee + \$19.25 fingerprint card fee)
- Kentucky Criminal History Report, obtained by the Administrative Office of the Courts
- Completed Fingerprint Card
- Proof of competency requirement

Section 8: Application for Licensure by Reinstatement (Continued)

Proof of Competency Requirement

- All CE must be earned from a KBN-approved provider. A list of KBN-approved providers is available at <http://kbn.ky.gov/ce/>.
- Competency requirements may be faxed to (502) 429-3336.
- Please use the information below to calculate the amount of CE necessary for reinstatement:

If your reinstatement application is received at KBN:

Within 12 months of the date your license lapsed - submit ONE of the following:

- Proof of earning 14 CE credits (14 earned within past 1 year) **OR**
- Proof of earning 7 CE credits (7 earned within past 1 year) and a satisfactory employee evaluation (within or outside of Kentucky) **OR**
- Proof of at least 500 hours of nursing employment (outside of Kentucky) using Verification of Employment form
- **OR** Any of the continued competency validation methods listed in 201 KAR 20:215, Section 2

12 months and one day to 2 years from the date your license lapsed - submit ONE of the following:

- Proof of earning 28 CE credits (14 earned within past 1 year) **OR**
- Completed *Verification of Employment (Outside of Kentucky)* form

2 years and one day to 3 years from the date your license lapsed - submit ONE of the following:

- Proof of earning 42 CE credits (14 earned within past 1 year) **OR**
- Completed *Verification of Employment (Outside of Kentucky)* form

3 years and one day to 4 years from the date your license lapsed - submit ONE of the following:

- Proof of earning 56 CE credits (14 earned within past 1 year) **OR**
- Completed *Verification of Employment (Outside of Kentucky)* form

4 years and one day to 5 years from the date your license lapsed - submit ONE of the following:

- Proof of earning 70 CE credits (14 earned within past 1 year) **OR**
- Completed *Verification of Employment (Outside of Kentucky)* form

More than 5 years from the date your license lapsed - submit ONE of the following:

- Proof of earning 120 CE credits (ALL earned within one year of the date the application is received at KBN) **OR**
- Completed *Verification of Employment (Outside of Kentucky)* form **OR**
- Completion of a KBN-approved Refresher Course (completed within 2 years of the date the application is received at KBN)

If you aren't sure when your Kentucky nursing license lapsed, validate your license from the KBN website at <https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx>.

- **Within three (3) years of obtaining an active Kentucky license, all applicants are required to earn:**
 - Three (3) hours of KBN-approved continuing education in Domestic Violence
 - 1.5 hours of KBN-approved continuing education in Pediatric Abuse Head Trauma

Section 9: Application for Licensure by Endorsement

1. Return to KBN:

- Completed application
- Fee of \$319.25 (\$150 RN application fee + \$150 APRN application fee + \$19.25 fingerprint card fee)
- Kentucky Criminal History Report, obtained by the Administrative Office of the Courts
- Completed Fingerprint Card
 - Complete all sections at the top of the fingerprint card
 - Take fingerprint card to local law enforcement agency for the fingerprinting process

Section 9: Application for Licensure by Endorsement (Continued)

2. Nursing Education

- Official transcripts of **initial** nursing education may be required of all applicants and must be sent directly from the program of nursing.
- Evidence of completion of **advanced practice** nursing education:
 - a) Applicants who completed post-basic APRN education after January 1, 2005:
 1. Must request your program of nursing to send KBN an official transcript with the degree and date posted.
 2. Must hold either a:
 - Master's degree, **OR**
 - Post-master's certificate from a college or university awarding related APRN credits, **OR**
 - Doctorate of Nursing Practice
 - b) Applicants who completed post-basic APRN education prior to January 1, 2005:
 1. Nurse Practitioners and Clinical Nurse Specialists must request their advanced practice program of nursing to send KBN an official transcript with the degree and date posted.
 2. Nurse Anesthetists and Nurse Midwives may submit a copy of:
 - Diploma,
 - Certificate of graduation, **OR**
 - Official transcript with degree and date posted.

3. Request Verification of Original RN Licensure

- If your ORIGINAL state of RN licensure participates in NurSys:
 - Request a verification of original RN licensure from NurSys at <http://www.nursys.com>
 - Participating states in NurSys are listed on their website
 - Pay with a credit card
- If your ORIGINAL state of RN licensure DOES NOT participate in NurSys:
 - Request a verification of licensure from the Board of Nursing in your ORIGINAL state of RN licensure
 - Complete the top portion of the *Verification of Licensure form (Attachment 2)* and send it to your original state of RN licensure with the appropriate fee

4. Validation of Competency Requirement

If you have been licensed less than 5 years and practiced as a nurse more than 120 hours:

- You have met the competency requirements.

If you have been licensed at least 5 years and practiced as a nurse for at least 500 hours in the preceding 5 years:

- You must list the contact information of the **NURSING** employer(s) in the area provided.

If you have been licensed at least 5 years and have not practiced as a nurse for at least 500 hours:

- You must submit one of the following:
 - Proof of earning 120 KBN-approved continuing education hours, earned within 12 months of the date the application is received at KBN **OR**
 - Proof of completing a KBN-approved refresher course, earned within two years of the date the application is received at KBN

5. HIV/AIDS, Domestic Violence and Pediatric Abuse Head Trauma Continuing Education Requirement

- All applicants must complete and submit:
 - 2 hours of KBN-approved continuing education in HIV/AIDS **before** a Kentucky nursing license will be issued.
 - 3 hours of KBN-approved continuing education in Domestic Violence within three (3) years of obtaining a Kentucky nursing license.
 - 1.5 hours of KBN-approved continuing education in Pediatric Abuse Head Trauma within three (3) years of obtaining a Kentucky nursing license.

Continuing education must be EARNED no more than 2 years prior to the date the application for licensure is received at KBN.

Section 9: Application for Licensure by Endorsement (Continued)

If you do not submit all required documentation before the Temporary Permit expires, you must submit a new application, fingerprint card and the fees.

A list of KBN-approved continuing education courses can be found at <http://kbn.ky.gov/ce/cecourses.htm>

FOR ADDITIONAL INFORMATION ON THE APPLICATION PROCESS, GO TO

<http://www.kbn.ky.gov/license/arnp>

Section 10: Responsibility, Accountability, and Required Continuing Education for Kentucky

- The portion of nursing law cited in this section relating to KRS 314.021 explains the accountability and responsibility of all nurses licensed to practice nursing in Kentucky.
- All licensed nurses practicing in Kentucky must adhere to the Kentucky Nursing Laws and regulations, which are available at <http://kbn.ky.gov/laws.htm>.
- All applicants must complete 1.5 hours of KBN-approved continuing education in Pediatric Abuse Head Trauma within three (3) years of obtaining a Kentucky nursing license.
- All applicants must complete 3 hours of KBN-approved continuing education in Domestic Violence within three (3) years of obtaining a Kentucky nursing license.

Section 3: Nursing Practice and Primary Residence

Indicate Your Primary State of Residence: KY Other: _____ Do you practice nursing ONLY in a military/federal facility? Yes No

DO NOT SUBMIT EVIDENCE OF PRIMARY RESIDENCE UNLESS REQUESTED TO DO SO.

Check the box for EACH state in which you currently practice:

- | | | | | | | | | | | | | | |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AZ | <input type="checkbox"/> DC | <input type="checkbox"/> GU | <input type="checkbox"/> IL | <input type="checkbox"/> LA | <input type="checkbox"/> MI | <input type="checkbox"/> MT | <input type="checkbox"/> NH | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> SD | <input type="checkbox"/> VA | <input type="checkbox"/> WI |
| <input type="checkbox"/> AK | <input type="checkbox"/> CA | <input type="checkbox"/> DE | <input type="checkbox"/> HI | <input type="checkbox"/> IN | <input type="checkbox"/> MA | <input type="checkbox"/> MN | <input type="checkbox"/> NC | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> PR | <input type="checkbox"/> TN | <input type="checkbox"/> VI | <input type="checkbox"/> WV |
| <input type="checkbox"/> AR | <input type="checkbox"/> CO | <input type="checkbox"/> FL | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> ND | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> RI | <input type="checkbox"/> TX | <input type="checkbox"/> VT | <input type="checkbox"/> WY |
| <input type="checkbox"/> AS | <input type="checkbox"/> CT | <input type="checkbox"/> GA | <input type="checkbox"/> ID | <input type="checkbox"/> KY | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> OR | <input type="checkbox"/> SC | <input type="checkbox"/> UT | <input type="checkbox"/> WA | |

Section 4: Disciplinary

If you answer "yes" to any of these questions, your application will not be processed until the following documents are received:

1. A detailed letter of explanation for each action taken.
2. A certified copy of the Board's or other licensing agency's action.

Check the appropriate boxes and fill out information for each "yes" answer: If yes, list STATE and YEAR If yes, list STATE and YEAR

- | | | | |
|---|--|--------------------------|--------------------------|
| Have you ever been denied a nursing license (for reasons other than failure to pass State Board Exam/NCLEX)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| Have you ever had any disciplinary action on your nursing license or your privilege to practice nursing in any state(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| Do you have disciplinary action or a complaint pending on your nursing license or your privilege to practice in any state(s)? | <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program? | <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| Has any licensing or regulatory authority in any U.S. state or jurisdiction EVER denied, limited, suspended, probated, revoked, or otherwise disciplined a nursing or other professional or occupational license, certificate or multi-state privilege to practice that you held? | <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| If Yes, type of license(s)/certification(s): _____ | | | |

Section 5: Criminal History

You must REPORT:

Your application will not be processed until you SUBMIT the required documents listed below:

1. All felony convictions ever received.....Certified Court Documents & Detailed Letter of Explanation
2. All misdemeanor(s) received WITHIN 5 years of the date of applicationCertified Court Documents & Detailed Letter of Explanation
3. All DUIs.....Certified Court Documents & Detailed Letter of Explanation
4. All misdemeanor(s) received PRIOR TO 5 years of the date of application.....MUST REPORT, but No Documents Required

NOTE: Traffic violations OTHER than DUIs do not need to be reported.

- | | | |
|--|------------------------------------|------------------------------------|
| | If yes, list STATE and YEAR | If yes, list STATE and YEAR |
| Have you ever been convicted of a misdemeanor(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| Type of conviction: _____ | | |

- | | | |
|---|------------------------------------|------------------------------------|
| | If yes, list STATE and YEAR | If yes, list STATE and YEAR |
| Have you ever been convicted of a felony(ies)? <input type="checkbox"/> Yes <input type="checkbox"/> No | State: _____ Year: _____ | State: _____ Year: _____ |
| Since you last applied for or were issued a Kentucky nursing license, have you had any misdemeanors or felonies? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

Section 6: Nursing Education

OFFICE USE ONLY
RN:

INITIAL RN NURSING EDUCATION

_____ / _____
Program of Nursing of Initial Nursing Education (print clearly)

_____ / _____ / _____
City (print clearly) **State** **Country (if not USA)** (print clearly)

____ / ____ / ____
Month & Year Graduated

Type of Nursing Program: RN Diploma ADN/AAS BSN MSN Doctorate Other _____

INITIAL ADVANCED PRACTICE NURSING EDUCATION

_____ / _____
Program for Initial Advanced Practice Nurse Licensure (print clearly)

_____ / _____ / _____
City (print clearly) **State** **Country (if not USA)** (print clearly)

____ / ____ / ____
Month & Year Graduated **Degree/Credential Earned:** Diploma/Certificate Master's Post-Master's Doctorate

If your nursing education was received outside of the U.S.A., you must obtain a VisaScreen Certificate. See instructions for additional information.

Section 7: APRN Designation and National Certification

DESIGNATION

Advanced Practice Designation: Anesthetist (3) Midwife (4) Nurse Practitioner (5) Clinical Specialist (6)

NATIONAL CERTIFICATION ORGANIZATION AND POPULATION FOCUS

- American Assn. of Nurse Anesthetists
- American Midwifery Certification Board
- American Nurses Credentialing Center
- Pediatric Nursing Certification Board
- American Academy of Nurse Practitioners
- National Certification Corporation
- American Assn. of Critical Care Nurses

- Select Population Focus:**
- Anesthetist (1)
 - Pediatric (5)
 - Child/Adol Psy/Mental Health (11)
 - Midwife (2)
 - Women's Health (6)
 - Neonatal (12)
 - Adult (3)
 - Gerontological (7)
 - Acute Care (13)
 - Family (4)
 - Adult Psy/Mental Health (10)
 - Family Psy/Mental Health (17)

Certification Number

Certification Expiration Date

You must enclose a copy of your current certification card.

Have you been licensed or registered as an advanced practice registered nurse for at least one year? Yes No

If yes, give state, month and year of initial APRN licensure:

____ / ____ / ____
State Month Year

Has your national certification ever been revoked or issued on a provisional/conditional status? Yes No
If yes, submit a detailed letter of explanation.

If you hold national certification in more than one population focus and want KBN records to reflect all population foci, please contact the APRN Coordinator at (502) 429-3329.

Section 8: Application for Licensure by Reinstatement of RN & APRN (Valid for One Year)

Select ONE of the Following:

- My Kentucky nursing license lapsed within the past 12 months.

You Must Submit:

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet)
- A completed Fingerprint Card and fee

PLUS

- Proof of earning 14 hours of continuing education earned within the past 12 months **OR**
- Proof of earning 7 hours of continuing education and a satisfactory employee evaluation **OR**
- A completed *Verification of Employment (Outside of Kentucky)* form

- My Kentucky nursing license lapsed MORE THAN 12 months and one day but LESS THAN five years ago.

You Must Submit:

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet)
- A completed Fingerprint Card and fee

PLUS

- Proof of earning 14 hours of continuing education for each year lapsed. At least 14 hours must have been earned within the past 12 months. Additional CEs must not have been earned more than five years ago **OR**
- A completed *Verification of Employment (Outside of Kentucky)* form

- I have practiced 500 hours within the last five years as a RN in another state.

You Must Submit:

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet)
- A completed Fingerprint Card and fee

PLUS

- Proof of earning 14 hours of continuing education for each year lapsed. At least 14 hours must have been earned within the past 12 months. Additional CEs must not have been earned more than five years ago **OR**
- A completed *Verification of Employment (Outside of Kentucky)* form

- I have not practiced 500 hours within the last five years as a RN.

You Must Submit:

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet)
- A completed Fingerprint Card and fee

PLUS

- Proof of earning 120 KBN-approved continuing education hours, earned within 12 months of the date the application is received at KBN **OR**
- Proof of completing a KBN-approved refresher course, earned within two years of the date the application is received at KBN

Section 9: Application for Licensure by Endorsement for RN & APRN

Please read the instructions under Section 9 for complete information on the Fingerprint Card, obtaining a Temporary Permit to practice in Kentucky, and obtaining Verification of Licensure from your original Board of Nursing.

____ | _____

State and

Year of original licensure as RN

If you hold a current active license, choose ONE of the following:

- I have been licensed as a RN less than 5 years from the date of initial licensure.
- I have practiced 500 hours as a RN within the last 5 years.
- I have not practiced 500 hours as a RN in the last 5 years but have been licensed in another state longer than 5 years.

Contact KBN for requirements.

Section 9: Application for Licensure by Endorsement for RN & APRN (Continued)

Provide the following information regarding your last two NURSING employers:

Name of Employer 1 (print clearly)

Contact Person (print clearly)

City (print clearly) State Zip Code (print clearly)

Employer 1 Telephone Number (print clearly) Length of Employment with Employer 1 (print clearly)

Name of Employer 2 (print clearly)

Contact Person (print clearly)

City (print clearly) State Zip Code (print clearly)

Employer 2 Telephone Number (print clearly) Length of Employment with Employer 2 (print clearly)

Section 10: Responsibility, Accountability, and Required Continuing Education for Kentucky

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

All licensed nurses practicing in Kentucky must adhere to the Kentucky Nursing Laws and regulations, which are available at <http://kbn.ky.gov/laws.htm>

KRS 314.031(1): It is "unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed or privileged under the provisions of this chapter."

Domestic Violence: All individuals must earn 3 hours of KBN-approved domestic violence continuing education within 3 years of the date they are issued a Kentucky nursing license.

Pediatric Abuse Head Trauma: All individuals must earn 1.5 hours of KBN-approved Pediatric Abuse Head Trauma continuing education within 3 years of the date they are issued a Kentucky nursing license.

Section 11: Attestation Statement

I certify that I am the person referred to in the foregoing application for RN licensure and Advanced Practice Registered Nurse (APRN) licensure in Kentucky; that I am not in default of a student loan or I am in repayment status of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA); that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN; that I must have and maintain national certification to practice as an APRN; that all statements contained herein and on all attachments are true and correct in every respect, and that I have read and understand this application and all requirements stated therein. I understand that all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I further understand that to practice as an APRN on an expired national certification violates Kentucky Nursing Law and subjects me to disciplinary action. I declare my primary state of residence to be the state as indicated in Section 3 of this application.

Applicant's Signature

_____/_____/_____

Date