Endorsement Requirements – Nurses Educated in Puerto Rico after September 1, 2006
http://kbn.ky.gov/apply/Pages/Endorsement/endorsement.aspx

Requirement Checklist:

☐ Online application with fee of $165 (non-refundable)
(PLEASE INCLUDE EMAIL ADDRESS WHEN COMPLETING APPLICATION ONLINE)
KY does not issue license cards, you will receive an email notification when the temporary permit or license has been issued if one is provided.
  o Fee Payment Update: Effective July 6, 2020, fees assessed by the banking industry will be charged for each transaction. Payments made with a credit card will have an additional 2.75% of the payment added to the total. Payments made by ACH (online check) will have a $1.00 charge attached to the payment. The banking fees will be in addition to the fees due the Kentucky Board of Nursing.

☐ Jurisprudence Exam with fee of $15.00 (must pass with at least 80%) pertains to KY laws (accessed from the application status page) https://kbn.ky.gov/apply/Pages/jpexam.aspx

☐ Federal Background Check $13.25 fee
Completed Fingerprint card and fee mailed to Kentucky State Police.
PLESE ALLOW 2 TO 4 WEEKS FOR PROCESSING OF THE FINGERPRINT CARD AND FEE ONCE RECEIVED AT KSP.

☐ Kentucky State Background Check $27.50 fee
Kentucky State Background Check through the Administrative Office of the Courts (AOC). Link to online site instructions https://kbn.ky.gov/apply/Documents/AOCFastCheck_Instructions.pdf

☐ Verification of licensure from the state where you took and passed NCLEX (Through www.nursys.com if your state is a participating board - $30) - If your state is not listed on NURSYS you will need to complete the verification of licensure form to another state board http://kbn.ky.gov/apply/Documents/appattach2.pdf and contact board for fee.

☐ Credentials Evaluation: Apply for a Credential Evaluation using one of the approved Credential Evaluation companies listed below. Once the evaluation has been completed, the report needs to be sent to the Kentucky Board of Nursing.

  • ECE - Educational Credential Evaluators
    414-289-3400
    www.ece.org
    We will accept either the General Evaluation Report or the Course By Course Report. We cannot use the General with Grade Average.

  • Foundation for International Services, Inc.
    425-248-2255
    https://www.fis-web.com/
    We can only accept the Modified Document-By-Document Evaluation Report.

  • Josef Silny & Associates, Inc
    305-273-1616
    http://www.jsilny.com/
    We will accept their nursing evaluation report.

  • NOTE: Nurses who have been licensed longer than 5 years, but have not worked 500 hours in the past 5 years will need to submit 120 hours of continuing education. These may be earned within the past 1 year of application date and within six months of application date. (This does not apply to new graduates) http://kbn.ky.gov/ce/Pages/cecoursetypes.aspx
CONVICTIONS: Link for reporting convictions [http://kbn.ky.gov/investdiscp/Pages/reportingcriminalconvictions.aspx](http://kbn.ky.gov/investdiscp/Pages/reportingcriminalconvictions.aspx)

EMAIL ADDRESS—KBN does not issue license cards and all verifications are verified from our website, KBN does provide an email notification when temporary permit or license is issued.

LINK TO CHECK APPLICATION STATUS all applicants are required to check their application status for requirements needed to complete the endorsement application. [https://kbn.ky.gov/apply/Pages/appstatus.aspx](https://kbn.ky.gov/apply/Pages/appstatus.aspx)

You have 1 year from the time you apply with KBN to complete all the requirements; if they are not met you will be required to submit a new application and fee. When all requirements are met, the license will be issued and an email notification will be sent if you provided one.
ECE - Educational Credential Evaluators
414-289-3400
www.ece.org

We will accept either the General Evaluation Report or the Course By Course Report.
We cannot use the General with Grade Average.

Foundation for International Services, Inc.
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Josef Silny & Associates, Inc
305-273-1616
http://www.jsilny.com/

We will accept their nursing evaluation report.
Please follow these steps if you wish to place an electronic request for a Kentucky Criminal Background Check via the Administrative Office of the Court’s website:

1. Go to https://kycourts.gov/Pages/default.aspx and click on “Criminal Record Reports”:

   ![](image1)

2. Click “Register”:

   ![](image2)

3. Fill out the registration form and click the “Register” button.

4. An email will be sent to the email address you registered with. Open the email and click on the verification link:

   ![](image3)

5. You will be taken to a screen that will say, “Your account has been successfully activated.” You will now need to click “Continue”.

   ![](image4)
6. Click “Login” and log in with the email address and password you registered with:

![Login Page]

7. Click “AOC FastCheck”:

![AOC FastCheck Menu]

8. Click “Create New Record Request”

![Create New Record Request]

9. Fill out the information as follows:
   - Category: “Licensing”
   - Group: “Kentucky Board of Nursing”
   - Reason: “Licensing”
   - Requester Information: Enter your information
   - Request Entry: “Manual Entry” then enter your information (including any maiden names, aliases, or any other names you have ever used)
   - NOTE: Items with an asterisk (*) are required

10. When finished, click “Add to Batch”

![Add to Batch]

11. Click “Submit Request”

12. Click “Pay Now”:

![Pay Now]

13. Click “Pay Online Now”: 

![Pay Online Now]
14. Fill out your billing and credit card information.
   ● NOTE: Visa and MasterCard only
   ● NOTE: You will be charged for the criminal history report and an express processing fee. These are AOC fees, not Kentucky Board of Nursing fees.

15. Click “Continue.” You will receive a confirmation.

16. To check the status of your order, log in to AOCFastCheck (http://kcoj.kycourts.net/PublicMenu/)
   NOTE: It may take 24-48 hours for your background check to appear

17. You will receive an email when your order has been completed. Follow the link in the email to see your order:

```
Subject: Record Request Completed

Record Request Confirmation

Your request batch of record(s) has been completed
Please visit https://apps.kycourts.net/RecordRequest
the results.
Submitted on: 05/19/2010 10:24:42 AM
Confirmation Number is: 0000274452
Thank you for your ongoing participation with the Kentucky Court of Justice.
```

18. When your order status is listed as “Completed,” your order has been processed by the AOC:

```
Batch History
Click Here to Add a New Batch
This section contains your active batch request(s); only displaying 10 batches per page.
Once a batch has the status of “COMPLETE,” it will only be available for 30 days.

BATCH 1 - 1 OF 1

<table>
<thead>
<tr>
<th>BATCH ID</th>
<th>DATE REQUESTED</th>
<th>REQUESTS</th>
<th>DAYS REMAINING</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>0000274452</td>
<td>05/19/2010 10:24 AM</td>
<td>1</td>
<td>20</td>
<td>Completed</td>
</tr>
</tbody>
</table>
```

19. To see the results of your background check, click “Completed,” then click on the PDF icon. This is the result that will be sent to KBN.

```
Batch Details
This section contains your request(s) in the active batch; displaying 10 request per page.
View Entire Batch | Return to Batch List

REQUEST 1 - 1 OF 1

RESPONDENT: Doe, Jane

View
```

20. A copy of this background check will be electronically submitted by AOC to KBN. Please allow 7-14 business days for the processing of your background check by KBN.

21. To check the status of your KBN application (including KBN processing of background check), go to https://kbn.ky.gov/apply/Pages/appstatus.aspx
FINGERPRINTING INSTRUCTION SHEET

Completed fingerprint card must be sent:

1. Directly to the Kentucky State Police at:
   Kentucky State Police
   Records Branch
   1266 Louisville Road
   Frankfort, KY 40601

2. With a check or money order:
   a. In the amount of $13.25
   b. Made payable to Kentucky State Police

Do not fold or staple the fingerprint card

All fingerprints must be rolled in black ink only
Digital fingerprints are acceptable if fingerprints are transferred to:

   a. Obtain the FD258 card from any authorized agent and add the ORI number KY920170Z
   b. An FD-258 fingerprint card and ORI number KY920170Z is placed on the card, or
   c. An electronic print out in the FD-258 format with the ORI number

Take the fingerprint card for fingerprinting to:

   a. Kentucky State Police Post, or
   b. Louisville Metro Corrections (502) 574-2191
   c. United Parcel Services (UPS) mailing office, or
   d. Any local police station or sheriff’s office trained to do fingerprinting

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Complete the following required fields of the fingerprint card:

<table>
<thead>
<tr>
<th>Last, First, and Middle Name</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aliases</td>
<td>Height</td>
</tr>
<tr>
<td>Signature and Residence of Person Being Fingerprinted</td>
<td>Weight</td>
</tr>
<tr>
<td>Date and Signature of Official Taking Fingerprints</td>
<td>Eye Color</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Hair Color</td>
</tr>
<tr>
<td>Citizenship</td>
<td>Place of Birth (State or Country)</td>
</tr>
<tr>
<td>Sex</td>
<td>Social Security Number</td>
</tr>
</tbody>
</table>

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Note:
1. All of the required fields listed above must be completed on the fingerprint card or the card will be returned to you for completion.
2. Fingers to be printed must be clean and dry. Wiping the individual’s fingers with an alcohol swab and drying them should prevent perspiration from being a problem.
3. Roll each finger from nail to nail in the appropriate space taking care to lift each finger up and away after rolling, to avoid smudging.
4. Plain impressions are printed last, at the bottom of the card. The technician simultaneously presses the individual’s four fingers (on the right hand), keeping the fingers together. The process is repeated for the left hand. Print both thumbs simultaneously in the plain impression thumb blocks.
The Kentucky Board of Nursing has the legal authority, KRS 314.103, to require a criminal background investigation of an applicant for licensure by requiring fingerprinting of the applicant.

In accordance with FBI policy, please read the following information regarding the use and dissemination/restriction of the fingerprint report obtained from the FBI:

**FINGERPRINT USE AND CHALLENGE INFORMATION**

"Under provisions set forth in Title 28, code of Federal Regulations (CFR), Section 50.12, both governmental and nongovernmental entities authorized to submit fingerprints and received FBI identification records must notify the individuals fingerprinted that the fingerprints will be used to check the criminal history records of the FBI. Identification records obtained from the FBI may be used solely for the purpose requested and may not be disseminated outside the receiving department, related agency, or other authorized entity. If the information on the record is used to disqualify an applicant, the official making the determination of suitability for licensing or employment shall provide the applicant the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record. The deciding official should not deny the license or employment based on the information in the record until the applicant has been afforded a reasonable time to correct or complete the information, or has declined to do so. An individual should be presumed not guilty of any charge/arrest for which there is no final disposition stated on the record or otherwise determined. If the applicant wishes to correct the record as it appears in the FBI’s CJIS division records system, the applicant should be advised that the procedures to change, correct or update the record are set forth in Title 28, CFR, Section 16.34.”
**APPLICANT**

**SIGNATURE OF PERSON FINGERPRINTED**

**RESIDENCE OF PERSON FINGERPRINTED**

**DATE**

**SIGNATURE OF OFFICIAL TAKING FINGERPRINTS**

**EMPLOYER AND ADDRESS**

**REASON FOR FINGERPRINTS**

**KYN201702**

**KY BD OF NURSING**

**LOUISVILLE, KY**

**KY Board of Nursing**

312 Whittington Pkwy., Ste 300

Louisville, KY 40222

**KBN-Applicant for Licensure**

**KBS 314.103**

**LEFT FOUR FINGERS TAKEN SIMULTANEOUSLY**

**RIGHT FOUR FINGERS TAKEN SIMULTANEOUSLY**
PLACE ORI NUMBER KY920170Z ON CARD AS SEEN BELOW

<table>
<thead>
<tr>
<th>APPLICANT</th>
<th>LEAVE BLANK</th>
<th>LEAVE BLANK</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>RESIDENCE OF PHYSICAL</td>
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<tr>
<td>FINGERPRINTED</td>
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<tr>
<td>DATE</td>
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<td></td>
<td></td>
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</tr>
<tr>
<td>EMPLOYER AND ADDRESS</td>
<td></td>
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<tr>
<td>KY Board of Nursing</td>
<td></td>
<td></td>
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<tr>
<td>312 Whittington Hwy., Ste 300</td>
<td></td>
<td></td>
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<tr>
<td>Louisville, KY 40222</td>
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<tr>
<td>KBIN-Applicant for Licensure</td>
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<td></td>
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<tr>
<td>KY920170Z</td>
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</table>

ORI number must be entered here.
NAME CHANGES

If you have submitted an application for licensure and have not been issued a KY license at the time you are requesting a name change, you **DO NOT** have to pay the $25 fee.

You will be required to complete the name change request form and fax it with the required legal document(s) to 502-429-3336.

If you submit the name change form with the fee and legal document(s) and you are in an application process, you **will not** be issued a refund.

Credentials Branch