Examination Application Requirements

https://ssla.state.ky.us/kbnursing/RNLPNApplication.aspx

Requirements Checklist:

☐ Online application with fee of $125
  *First and Last name must match your ID and your Pearson Vue registration
  PLEASE INCLUDE EMAIL ADDRESS ON APPLICATION
  (Email is KBN’s primary way of communication. Get important information about your license such as when a provisional license is granted, when your permanent RN/LPN license is issued, and information regarding renewal of your Kentucky license.)

❖ 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 Kentucky laws
  Access link and JP ID on the application status page https://kbn.ky.gov/apply/Pages/appstatus.aspx

☐ Federal Background Check (fingerprint card) submitted to Kentucky State Police for $13.25 fee
  Link to request card from KBN https://ssla.state.ky.us/kbnursing/FingerPrintCardRequest.aspx
  (Please allow 2-4 weeks for processing of the fingerprint card and fee once received at KSP.)
  Information on reporting criminal convictions
  https://kbn.ky.gov/investdiscp/Pages/reportingcriminalconvictions.aspx

☐ State Background Check “AOCFASTCHECK” $27.50 fee https://kycourts.gov/Pages/default.aspx
  KBN will receive an electronic copy of the report, if you request the report online and follow the AOCFASTCHECK instructions https://kbn.ky.gov/apply/Documents/AOCFastCheck_Instructions.pdf

☐ Pearson Vue-NCLEX $200 fee   Register online https://portal.ncsbn.org/ or by phone 866-496-2539
  *First and Last name must match your photo ID and your KBN application

☐ Verification of Completion of Program of Nursing  *Certified List/Official Transcript
  If you attend a Kentucky program of nursing the school will submit your name on a certified list.
  If you attend an out of state program of nursing you will need to submit an official transcript to KBN

Important Information

❖ Check Application Status link  https://ssla.state.ky.us/KBNursing/SearchLicense.aspx?TYP=LICREQ
❖ Verification and validation of licensure link https://secure.kentucky.gov/kbn/bulkvalidation/basic.aspx
❖ Exam application is valid for one year unless unsuccessful on the NCLEX and is voided at that time.
❖ Federal and State background checks are valid for 6 months.
❖ Jurisprudence Exam is valid for 1 year.
❖ Provisional license is valid for 6 months unless unsuccessful on the exam and is voided at that time.
❖ If you are unsuccessful on the NCLEX you must reapply to KBN and Pearson Vue.
❖ All fees are non-refundable
Please follow these steps if you wish to place an electronic request for a Kentucky Criminal Background Check via the Administrative Office of the Courts’s website:

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

2. Click “Register”:

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:

5. You will be taken to a screen that will say, “Your account has been successfully activated.” You will now need to click “Continue”.
6. Click “Login” and log in with the email address and password you registered with:

7. Click “AOC FastCheck”:

8. Click “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”

11. Click “Submit Request”

12. Click “Pay Now”:

13. Click “Pay Online Now”: 

Kentucky Board of Nursing 2 of 3 AOC FastCheck Instructions
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:  

   [Image of email]  

   **Record Request Confirmation**  
   Your request batch of record(s) has been completed.  
   Please visit https://apps.kycourts.net/RecordRequest to 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:  

   [Image of batch history]  

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.  

   [Image of batch details]  

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</td>
<td>Weight</td>
</tr>
<tr>
<td>Being Fingerprinted</td>
<td>Eye Color</td>
</tr>
<tr>
<td>Date and Signature of Official</td>
<td>Hair Color</td>
</tr>
<tr>
<td>Taking Fingerprints</td>
<td>Place of Birth</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>(State or Country)</td>
</tr>
<tr>
<td>Citizenship</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."

PLACE ORI NUMBER KY920170Z ON CARD AS SEEN BELOW

ORI number must be entered here.
**Applicant**

*See Privacy Act Statement Below*

**FD-258 (REV 3-1-10) 1110-0046**

<table>
<thead>
<tr>
<th>LAST NAME</th>
<th>TYPE OR PRINT ALL INFORMATION IN BLACK</th>
</tr>
</thead>
<tbody>
<tr>
<td>FNAME</td>
<td>NAME</td>
</tr>
<tr>
<td>MNAME</td>
<td></td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>ALIASES: AKA</th>
<th>ORI</th>
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<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

**Residence of Person Fingerprinted**

**Date**

**Signature of Official Taking Fingerprints**

**Employer and Address**

*KY Board of Nursing*

312 Whittington Pky., Ste 300

Louisville, KY 40222

KBN-Applicant for Licensure

**KBS 314 103**

**FBI**

**DOB**

**CITIZENSHIP**

**CTZ**

**SEX**

**RACE**

**HGT.**

**WGT.**

**EYES**

**HAIR**

**PLACE OF BIRTH**

**POB**

**SIGNATURE OF OFFICIAL TAKING FINGERPRINTS**

**Soc**

**Miscellaneous No.**

**FBI No.**

**Armed Forces No.**

**Social Security No.**

**Class**

**Ref.**

**Left Four Fingerprints Taken Simultaneously**

1. R. Thumb

2. L. Index

3. R. Middle

4. R. Ring

5. R. Little

**Right Four Fingerprints Taken Simultaneously**

6. L. Thumb

7. L. Index

8. L. Middle

9. L. Ring

10. L. Little
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