ALL APPLICANTS APPLYING FOR REINSTATEMENT OF A KY RN & APRN LICENSES MUST SUBMIT:

Listed below is what is needed in order for you to reinstate your Kentucky RN & APRN license:

- Completed RN & APRN online licensure application and fee of $270.00,
- Completed fingerprint card & fee of $13.25,
- Kentucky Criminal History Report*,
- Proof of current national certification (A copy of the card, letter or certificate is acceptable), and
- Proof of earning 5 hours of pharmacology continuing education. All hours must have been earned within the least year.

OR

If you have been practicing in another state you may send in:

- Completed RN & APRN Licensure application and fee of $270.00,
- Completed fingerprint card & fee of $13.25,
- Kentucky Criminal History Report*,
- Proof of current national certification (A copy of the card, letter or certificate is acceptable), and
- Completed Verification of Employment Form

*To obtain a criminal history report, you can request one from the AOC website with payment by credit card at http://courts.ky.gov and click on Obtain a Criminal History Report. If you apply online to the AOC, the KBN will be able to retrieve the report from them. I am enclosing instructions on how to complete an online background request.

Licenses will not be reinstated until the fingerprint report from the FBI is received at KBN.
TO CHECK YOUR APPLICATION STATUS

For all applicants for licensure:

The application status is now available from the web page. An applicant will see the application requirements that they have not met.

Although we set this up for applicants, employers can access it as well.

Our website updates in real time. You may always check your status at: Application Status

kbn.ky.gov > apply for a license > application status > status of an application > type in the SSN and click on the "Search" button.

YOU MUST CLICK ON THE SEARCH BUTTON. If you hit enter, you will get a message that says the page cannot be displayed.

The first name will be displayed with the application status information. The last name is masked out.

FOR ONLINE LICENSE VALIDATION

To verify that a license has been issued, you may access this information at: Basic License Validation

www.kbn.ky.gov > verify a license

There are two options:

You may enter any of the below numbers in the section for identifier:

- LPN, RN or APRN license number,
- RN Temporary Work Permit number,
- APRN license number, or
- APRN Temporary Authorization number

You must use the validate button. Do not click the 'enter' key.

You may use the name. You must put the first name first and the last name last. Click on the 'search' key. When the name appears, you must place a check mark in the box on the left beside the name. Click on the 'validate selected' button.
KENTUCKY BOARD OF NURSING
ONLINE APPROVED PROVIDERS
OF CONTINUING EDUCATION

NETCE
1-800-232-4238
www.netce.com

National Center of Continuing Education
1-800-824-1254
www.nursece.com

University of Kentucky College of Nursing
www.ceprofessor.uky.edu

Western Schools
1-800-438-8888
www.westernschools.com

***Please note this is not the full approved program list for KBN. For the complete list of approved online providers please visit our website at www.kbn.ky.gov.***
VERIFICATION OF EMPLOYMENT
(For employment outside of the state of Kentucky)

TO THE APPLICANT:
Complete this section of the Verification of Employment form. In the spaces below, list an employer who will verify that you practiced as a nurse 500 hours during the past five years.

Applicant's Last Name (print clearly) ______________________________
Applicant's First Name (print clearly) ______________________________
Applicant's Maiden Name (if applicable) ______________________________
Social Security Number ______________________________
Date of Birth ______________________________
Employed as: □ APRN □ RN □ LPN ______________________________
Employing Facility ______________________________
Facility's Address ______________________________
City ______________________________ State ______________________________ Zip Code ______________________________
Facility Phone Number ______________________________ Employed From (Month/Year) ______________________________ Employed To (Month/Year) ______________________________

TO EMPLOYER / PREVIOUS EMPLOYER:
Complete this section of the Verification of Employment form and mail or fax this form directly to the Kentucky Board of Nursing.

Has the individual named above been engaged in active nursing practice for at least 500 hours during the past five years at this facility?
□ Yes □ No ______________________________ If "No," list the number of hours of practice: ______________________________

Did this individual hold a current nursing license at the time of employment? □ Yes □ No State license issued from: ______________________________

Facility Name ______________________________
Employer's Name ______________________________
Employer's Title ______________________________

Employer's Phone Number ______________________________
Employer's Signature ______________________________
Date ______________________________

For Office Use Only
Employment Verified? □ Yes □ No ______________________________
If no, explanation received: ______________________________
Person Contacted at Above Facility ______________________________ Title of Person Contacted: ______________________________
Date & Time Contacted: ______________________________
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 and click on “Criminal Record Reports”:

   - AOCFastCheck is an online portal for obtaining criminal record reports. You have two online options:
   - AOCFastCheck: If you want to submit criminal record reports and retrieve the results online when your request has been processed.
   - One-Time Request: If you want to place a single order and receive the report by U.S. mail.

   Criminal record reports are processed in the order in which they are received and response times will vary depending on the volume of requests.

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:

   - Your account registration has been received and approved.

   Account verification is required. To verify/activate your account, click the link below:
   http://kbi.ky.gov/Portal/Portal/Registration.aspx?id=3d5f124be258d145f803ae4d6b9-3659-4e89-4065-5e2a2

   Kentucky Court of Justice Confidentiality Notice

   This message and/or attachment is intended only for the addressee and may contain information that is privileged, confidential and/or proprietary work product. If you are not the intended recipient, or an authorized, representative, agent or representative of the intended recipient, do not read, copy, retain or disseminate this message or any attachment. Do not forward this message and attachment without the express written consent of the sender. If you have received this message in error, please contact the sender immediately and delete all copies of the message and any attachments. Transmission or distribution shall not constitute waiver of any applicable legal privileges.

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

   - Your account has been successfully activated.
6. Click “Login” and log in with the email address and password you registered with:

![Login](image)

7. Click “AOC FastCheck”:

![AOC FastCheck](image)

8. Click “Create New Record Request”

![Create New Record Request](image)

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](image)

11. Click “Submit Request”

12. Click “Pay Now”:

![Pay Now](image)

13. Click “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:

   ![](Record Request Confirmation.png)

   Your request batch of record(s) has been completed

   Please visit [https://apps.kycourts.net/RecordRequest](https://apps.kycourts.net/RecordRequest) to view the results.

   Submitted on: 05/19/2010 10:24:42 AM

   Confirmation Number is: 0000374452

   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.png)

   Completed

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.png)

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](https://kbn.ky.gov/apply/Pages/appstatus.aspx)
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

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>

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 | KY Board of Nursing  
|-----------|-------------------|
| Employer Address | KY Bd of Nursing 
| | 312 Whittington Pky., Ste. 300 
| | Louisville, KY 40222 
| Reason for Request | KBN-Applicant for Licensure  
| | KBS-314-103 |
PLACE ORI NUMBER KY920170Z ON CARD AS SEEN BELOW

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