All applicants for licensure by **Reinstatement** must complete the following requirements:

- A completed **Reinstatement Application and fee of $135.00**. (application and fee are completed online)

- Continuing Education Certificates of **120 hours** in which all hours must have been earned within the last year **OR Verification of at least 500 hours of NON-Kentucky nursing employment within the past 5 years**. (Form Enclosed). You can mail, email or fax these documents to 502-429-3336.

- A **Kentucky Criminal Background Check**

- A **Federal Background Check**

- Complete the **Kentucky Jurisprudence Exam**

To obtain a **Criminal History Report**, you can request one from the AOC website with payment by credit or debit card at [http://courts.ky.gov](http://courts.ky.gov). Instructions for How to Complete an Online Background Request are included. Another way to obtain a criminal history report is to complete the paper Criminal Background Request Form (attached) and submit it as directed on the form. The AOC will send a copy of the results to the applicant, as well as mail a copy to the KBN.

A Fingerprint Card along with instructions on how to complete the card is enclosed. An envelope is also enclosed for you to return the completed fingerprint card along with your payment to the Kentucky State Police.

Instructions on how complete the **Kentucky Jurisprudence Exam** is attached and can be found on our website at [www.kbn.ky.gov](http://www.kbn.ky.gov).

Enclosed also are the instructions on how to check your application status online. Your application will not be processed completely and the license will not be reinstated until all requirements are met and all reports are received at KBN.

**NOTE:** If you have submitted an application for licensure by reinstatement and your KY license has not been reinstated at the time you are requesting a name change; you **DO NOT** have to pay the $25 fee. You are required to complete the name change request form (Form Enclosed) and fax it with the required documents to 502-429-3336.
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.
NAME CHANGE REQUEST FORM
(For Licensed Nurses Only)

Please type or print using CAPITAL LETTERS and black ink.

Section 1: Old Biographical Data (Licensed Nurse)

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Social Security # (print clearly) Date of Birth (print clearly)

KY License # (print clearly)

Indicate your license type(s) [check all that apply]: □ RN □ LPN □ APRN □ SANE

Section 2: New Name Change (Licensed Nurse)

Last Name (print clearly)

First Name (print clearly)

Full Middle Name (print clearly)

Maiden Name (print clearly)

Street (print clearly)

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

County of Residence (print clearly)

Country, if not U.S.A. (print clearly) International Postal Code (print clearly)

Email Address (print clearly)

Home Phone (print clearly) Daytime Phone (print clearly)

I declare my state of primary residence to be: □ Kentucky □ Other (Specify State) ___

Do you practice nursing ONLY in a military/federal facility? □ Y □ N

Signature Date

NOTE: KBN DOES NOT ISSUE PLASTIC LICENSE CARDS.

You must enclose a copy of one of the following:

□ Marriage Certificate
□ Divorce Decree
□ Social Security Card
□ Legal Name Change Document

05/2011
VERIFICATION OF EMPLOYMENT
(For employment outside of the state of Kentucky)

Complete this form ONLY if you are reinstating your RN/LPN Kentucky license.

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: ____________________________
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.***
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](https://kycourts.gov/Pages/default.aspx) and click on "Criminal Record Reports".

2. Click "Register".

   ![PUBLIC MENU](Image)

   - Login
   - Register
   - View Open Jobs

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:

   ![Verification Link](Image)

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:

   ![Public Menu]

7. Click "AOC FastCheck":

   ![Public Menu]

8. Click "Create New Record Request"  

   ![Request History]

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":

   ![Batch History]

13. Click "Pay Online Now":

   ![Transaction Details]

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:

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

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.

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
KENTUCKY BOARD OF NURSING LICENSURE
KENTUCKY CRIMINAL BACKGROUND REQUEST FORM

To the Applicant

The process to obtain information from the CourtNet Disposition System is as follows:
- Type or print using black ink.
- Enclose a $25 check or money order (payable to the Kentucky State Treasurer) with the completed form.
- FAILURE TO COMPLY WITH THESE PROCEDURES WILL RESULT IN THE REQUEST BEING RETURNED UNPROCESSED.

Submit the completed form to:

ADMINISTRATIVE OFFICE OF THE COURTS
PRETRIAL SERVICES RECORDS DIVISION
1001 VANDALAY DRIVE
FRANKFORT, KY 40601

Kentucky Criminal Background Request Form

__________________________________________ / / __________
Social Security # (print clearly)  Date of Birth (mm-dd-yyyy)

__________________________________________
Current Last Name (print clearly)

__________________________________________
First Name (print clearly)

__________________________________________
Maiden and/or Alias Names (print clearly)

__________________________________________
Maiden and/or Alias Names (print clearly)

__________________________________________
Street Address / PO Box (print clearly)

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

I understand the information supplied by me must be truthful and falsification with an intent to mislead may result in my prosecution under KRS.523.100. I have provided the basic information necessary to qualify for record processing and exemption of fees – if applicable.

Your signature authorizes AOC to send a copy of your complete criminal history report to the Kentucky Board of Nursing.

For AOC: Return the criminal history report to:
Kentucky Board of Nursing
Attn: Credentials
312 Whittington Parkway, Suite 300
Louisville, KY 40222
(502) 429-3334

__________________________________________ / / __________
Signature  Date (mm-dd-yyyy)

05/2015, 03/2019
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.”
"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."
| EMPLOYER AND ADDRESS | | |
|----------------------|------------------------------------------------|
| KY Board of Nursing  | 312 Whittington Pky., Ste 300 | Louisville, KY 40222 |
| KBN-Applicant for Licensure | | |
| KBS 314.102 | | |
PLACE ORI NUMBER KY920170Z ON CARD AS SEEN BELOW

ORI number must be entered here.