ANNUAL LICENSURE RENEWAL APPLICATION
APRN WITH KENTUCKY RN LICENSE

Kentucky Board of Nursing
312 Whittington Parkway, Suite 300 Louisville, KY 40222-5172

Name and Mailing Address on file

License #: **License Exp Date:** **Date of Birth:** **Alert Code:** **Fee paid:**

Declaration of Primary Residence

I declare my state of primary residence to be (specify state):
Verification of primary state of residence may be required.

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

Jurisdictions in Which You Currently Practice

List the jurisdictions in which you currently practice:

Credentials Status

** Per KRS 314.011 (21) Convictions include conditional discharge, a guilty plea pursuant to a pretrial diversion, pleading no contest, nolo contendre or entered an Alford plea.*

All questions shall be answered. If you answer "Yes" to any question, you shall provide certified court or discipline records and a detailed letter of explanation.

1. Since your last KY license was issued, have you been convicted* of a misdemeanor or felony that has NOT been reported to KBN? Traffic misdemeanors, other than DUI, should not be reported.
   If yes, type of conviction(s) . What state(s)?
2. Since your last KY license was issued, have you enrolled/been admitted to a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program OTHER THAN KY or is such pending?
   If yes, what state(s)?
3. Do you have a current investigation pending on your nursing license, other professional license/certification or your privilege to practice in any state(s)/jurisdiction(s), other than KBN, that has not been reported to the Board?
   If yes, what state(s)?
4. Since your last KY license was issued has any licensing or regulatory authority in any state(s)/jurisdiction(s), other than KBN, disciplined your professional license/certification or your privilege to practice that has not been reported to the Board?

   If yes, what state(s)?
5. Are you a member of the United States Armed Forces on active duty?
6. Are you a member of the United States Armed Forces on federal active duty and deployed overseas?
7. Branch of active duty service

Current Mailing Address

Address Line 1
Address Line 2
City State Zip Code
County of Residence
Foreign City Foreign Country & Code

APRN License

Designation 1	Designation 2	Do you want to renew:	
		1. Both Designation #1 and #2?	**Fee $110**
		2. Only Designation #1?	**Fee $55**
		3. Only Designation #2?	**Fee $55**

Attestation Statement

I certify that the following statements, including any attachments, are true and correct in every respect:

- I am the person referred to in the foregoing application;
- I am not delinquent in repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN;
- I have met or will have met the continuing competency requirement by October 31 of the current year;
- I have read and understand this application and all requirements stated therein;
- I declare my primary state of residence to be the state indicated in the Declaration of Primary Residence section of this application;
- I understand that all information on this application is subject to verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to disciplinary action;
- I have current certification from a national certification organization recognized by KBN; and
- I understand that to practice as an APRN on an expired national certification violates KRS Chapter 314 and may subject me to disciplinary action.

Licensee Signature: **Date:**

Email Address: **Daytime Phone #:**

Authorization Number:

Current Licensee Data

Ethnic Group (on File): **Ethnic Group (Updated):**

- ☐ 1. African American
- ☐ 2. Asian
- ☐ 3. Multiracial
- ☐ 4. Hispanic or Latino
- ☐ 5. Native American
- ☐ 6. Pacific Islander
- ☐ 7. Caucasian
- ☐ 8. Other

Highest Education Level Attained (on File): **Highest Education Level Attained (Updated):**

- ☐ 1. Vocational-Tech/Practical Nursing
- ☐ 2. Diploma Nursing (RN)
- ☐ 3. Associate Degree/Nursing
- ☐ 4. Associate Degree/Non-Nursing Field
- ☐ 5. Baccalaureate/Nursing
- ☐ 6. Baccalaureate/Non-Nursing Field
- ☐ 7. Masters/Nursing
- ☐ 8. Masters/Non-Nursing Field
- ☐ 9. Doctorate/Nursing
- ☐ 10. Doctorate/Non-Nursing Field

Name of Primary Employer: **Name of Secondary Employer:**

County of Primary Employment: **County of Secondary Employment:**

State of Primary Employment: **State of Secondary Employment:**

Employment Hours for Primary Employer (on File): **Employment Hours for Primary Employer (Updated):**

Employment Hours for Secondary Employer (on File): **Employment Hours for Secondary Employer (Updated):**

- ☐ 1. 32-40 hrs.
- ☐ 2. 25-31 hrs.
- ☐ 3. 13-24 hrs.
- ☐ 4. 8-12 hrs.
- ☐ 5. Less than 8 hrs.
- ☐ 6. Retired from Nursing
- ☐ 7. Employed in Non-Nursing Field
- ☐ 8. Not Employed (other than retired)
- ☐ 9. Not Employed (seeking nursing employment)

Hours in Excess of Regular Schedule per Week for Primary Employer (on File): **Excess for Primary (Updated):**

Hours in Excess of Regular Schedule per Week for Secondary Employer (on File): **Excess for Secondary (Updated):**

- ☐ 1. Less than 4 hrs.
- ☐ 2. 4-8 hrs.
- ☐ 3. 9-12 hrs.
- ☐ 4. 13-16 hrs.
- ☐ 5. Greater than 16 hrs.

Primary Employment Setting (on File): **Primary Employment Setting (Updated):**

Secondary Employment Setting (on File): **Secondary Employment Setting (Updated):**

- ☐ 1. Hospital Inpatient
- ☐ 2. Long Term/Extended/Rehab Care
- ☐ 3. Nsg Ed: Collegiate/Tech
- ☐ 4. HMO/Insurance/Managed Care
- ☐ 5. Public/Community Health
- ☐ 6. Primary/Secondary School
- ☐ 7. Industry
- ☐ 8. Office/Clinic
- ☐ 9. Temporary Staffing Agency
- ☐ 10. Hospice/Home Health
- ☐ 11. Military/Federal/State Facility
- ☐ 12. Ambulatory Care
- ☐ 13. Mental Health Facility
- ☐ 14. Correctional Facility
- ☐ 15. Medical/Pharmaceutical Sales
- ☐ 16. Self-Employed/Nurse Consultant
- ☐ 17. Assisted Living
- ☐ 18. Non-Nursing Field
- ☐ 19. Other

Primary Nursing Position (on File): **Primary Nursing Position (Updated):**

Secondary Nursing Position (on File): **Secondary Nursing Position (Updated):**

- ☐ 1. Nurse Educator in College/Tech Prog
- ☐ 2. Health Care Administration
- ☐ 3. Nurse Administrator
- ☐ 4. Nurse Manager/Supervisor
- ☐ 5. Nurse Educator/Staff Development
- ☐ 6. Staff Nurse
- ☐ 7. Nurse Consultant
- ☐ 8. Travel Nurse
- ☐ 9. Office Nurse
- ☐ 10. Medical Review
- ☐ 11. APRN
- ☐ 12. Other

Primary Practice Area (on File): **Primary Practice Area (Updated):**

Secondary Practice Area (on File): **Secondary Practice Area (Updated):**

- ☐ 1. Geriatric
- ☐ 2. OB/Gyn
- ☐ 3. Medical/Surgical
- ☐ 4. Pediatrics
- ☐ 5. Psych/Mental Health/Chem Dependency
- ☐ 6. Public/Community/Home Health
- ☐ 7. Rehabilitation
- ☐ 8. Critical Care
- ☐ 9. Hospice/Private Duty
- ☐ 10. Occupational Health
- ☐ 11. Emergency Room/Urgent Care
- ☐ 12. Neonatology
- ☐ 13. OR-PACU
- ☐ 14. Nursing Education
- ☐ 15. Dialysis
- ☐ 16. Nursing Administration
- ☐ 17. Case Management/Telehealth
- ☐ 18. Primary/Secondary School
- ☐ 19. Regulatory
- ☐ 20. Sales
- ☐ 21. Quality Improvement
- ☐ 22. Infection Control
- ☐ 23. Other

If not employed in nursing (other than retired, select reason):

- ☐ 1. Home/Family Obligations
- ☐ 2. Disabled
- ☐ 3. Inadequate Salary
- ☐ 4 Difficulty Finding a Nursing Position
- ☐ 5. Other

All US Jurisdictions in which you hold an active license: