

# ANNUAL LICENSURE RENEWAL APPLICATION: RN OR LPN

## 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:
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### 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 contendere 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
8. Do you want to relinquish your APRN license and renew only your RN license?

### Current Mailing Address

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

### 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; and
- 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.

Licensee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_  
Authorization Number: \_\_\_\_\_

**Current Licensee Data**

<b>Ethnic Group (on File):</b>		<b>Ethnic Group (Updated):</b>	
<input type="checkbox"/> 1. African American	<input type="checkbox"/> 2. Asian	<input type="checkbox"/> 3. Multiracial	<input type="checkbox"/> 4. Hispanic or Latino
<input type="checkbox"/> 5. Native American	<input type="checkbox"/> 6. Pacific Islander	<input type="checkbox"/> 7. Caucasian	<input type="checkbox"/> 8. Other
<b>Highest Education Level Attained (on File):</b>		<b>Highest Education Level Attained (Updated):</b>	
<input type="checkbox"/> 1. Vocational-Tech/Practical Nursing	<input type="checkbox"/> 2. Diploma Nursing (RN)	<input type="checkbox"/> 3. Associate Degree/Nursing	<input type="checkbox"/> 4. Associate Degree/Non-Nursing Field
<input type="checkbox"/> 5. Baccalaureate/Nursing	<input type="checkbox"/> 6. Baccalaureate/Non-Nursing Field	<input type="checkbox"/> 7. Masters/Nursing	<input type="checkbox"/> 8. Masters/Non-Nursing Field
<input type="checkbox"/> 9. Doctorate/Nursing	<input type="checkbox"/> 10. Doctorate/Non-Nursing Field		
<b>Name of Primary Employer:</b>		<b>Name of Secondary Employer:</b>	
<b>County of Primary Employment:</b>		<b>County of Secondary Employment:</b>	
<b>State of Primary Employment:</b>		<b>State of Secondary Employment:</b>	
<b>Employment Hours for Primary Employer (on File):</b>		<b>Employment Hours for Primary Employer (Updated):</b>	
<b>Employment Hours for Secondary Employer (on File):</b>		<b>Employment Hours for Secondary Employer (Updated):</b>	
<input type="checkbox"/> 1. 32-40 hrs.	<input type="checkbox"/> 2. 25-31 hrs.	<input type="checkbox"/> 3. 13-24 hrs.	<input type="checkbox"/> 4. 8-12 hrs.
<input type="checkbox"/> 5. Less than 8 hrs.	<input type="checkbox"/> 6. Retired from Nursing	<input type="checkbox"/> 7. Employed in Non-Nursing Field	<input type="checkbox"/> 8. Not Employed (other than retired)
<input type="checkbox"/> 9. Not Employed (seeking nursing employment)			
<b>Hours in Excess of Regular Schedule per Week for Primary Employer (on File):</b>		<b>Excess for Primary (Updated):</b>	
<b>Hours in Excess of Regular Schedule per Week for Secondary Employer (on File):</b>		<b>Excess for Secondary (Updated):</b>	
<input type="checkbox"/> 1. Less than 4 hrs.	<input type="checkbox"/> 2. 4-8 hrs.	<input type="checkbox"/> 3. 9-12 hrs.	<input type="checkbox"/> 4. 13-16 hrs.
<input type="checkbox"/> 5. Greater than 16 hrs.			
<b>Primary Employment Setting (on File):</b>		<b>Primary Employment Setting (Updated):</b>	
<b>Secondary Employment Setting (on File):</b>		<b>Secondary Employment Setting (Updated):</b>	
<input type="checkbox"/> 1. Hospital Inpatient	<input type="checkbox"/> 2. Long Term/Extended/Rehab Care	<input type="checkbox"/> 3. Nsg Ed: Collegiate/Tech	<input type="checkbox"/> 4. HMO/Insurance/Managed Care
<input type="checkbox"/> 5. Public/Community Health	<input type="checkbox"/> 6. Primary/Secondary School	<input type="checkbox"/> 7. Industry	<input type="checkbox"/> 8. Office/Clinic
<input type="checkbox"/> 9. Temporary Staffing Agency	<input type="checkbox"/> 10. Hospice/Home Health	<input type="checkbox"/> 11. Military/Federal/State Facility	<input type="checkbox"/> 12. Ambulatory Care
<input type="checkbox"/> 13. Mental Health Facility	<input type="checkbox"/> 14. Correctional Facility	<input type="checkbox"/> 15. Medical/Pharmaceutical Sales	<input type="checkbox"/> 16. Self-Employed/Nurse Consultant
<input type="checkbox"/> 17. Assisted Living	<input type="checkbox"/> 18. Non-Nursing Field	<input type="checkbox"/> 19. Other	
<b>Primary Nursing Position (on File):</b>		<b>Primary Nursing Position (Updated):</b>	
<b>Secondary Nursing Position (on File):</b>		<b>Secondary Nursing Position (Updated):</b>	
<input type="checkbox"/> 1. Nurse Educator in College/Tech Prog	<input type="checkbox"/> 2. Health Care Administration	<input type="checkbox"/> 3. Nurse Administrator	<input type="checkbox"/> 4. Nurse Manager/Supervisor
<input type="checkbox"/> 5. Nurse Educator/Staff Development	<input type="checkbox"/> 6. Staff Nurse	<input type="checkbox"/> 7. Nurse Consultant	<input type="checkbox"/> 8. Travel Nurse
<input type="checkbox"/> 9. Office Nurse	<input type="checkbox"/> 10. Medical Review	<input type="checkbox"/> 11. APRN	<input type="checkbox"/> 12. Other
<b>Primary Practice Area (on File):</b>		<b>Primary Practice Area (Updated):</b>	
<b>Secondary Practice Area (on File):</b>		<b>Secondary Practice Area (Updated):</b>	
<input type="checkbox"/> 1. Geriatric	<input type="checkbox"/> 2. OB/Gyn	<input type="checkbox"/> 3. Medical/Surgical	<input type="checkbox"/> 4. Pediatrics
<input type="checkbox"/> 5. Psych/Mental Health/Chem Dependency	<input type="checkbox"/> 6. Public/Community/Home Health	<input type="checkbox"/> 7. Rehabilitation	<input type="checkbox"/> 8. Critical Care
<input type="checkbox"/> 9. Hospice/Private Duty	<input type="checkbox"/> 10. Occupational Health	<input type="checkbox"/> 11. Emergency Room/Urgent Care	<input type="checkbox"/> 12. Neonatology
<input type="checkbox"/> 13. OR-PACU	<input type="checkbox"/> 14. Nursing Education	<input type="checkbox"/> 15. Dialysis	<input type="checkbox"/> 16. Nursing Administration
<input type="checkbox"/> 17. Case Management/Telehealth	<input type="checkbox"/> 18. Primary/Secondary School	<input type="checkbox"/> 19. Regulatory	<input type="checkbox"/> 20. Sales
<input type="checkbox"/> 21. Quality Improvement	<input type="checkbox"/> 22. Infection Control	<input type="checkbox"/> 23. Other	
<b>If not employed in nursing (other than retired, select reason):</b>			
<input type="checkbox"/> 1. Home/Family Obligations	<input type="checkbox"/> 2. Disabled	<input type="checkbox"/> 3. Inadequate Salary	<input type="checkbox"/> 4. Difficulty Finding a Nursing Position
<input type="checkbox"/> 5. Other			
<b>All US Jurisdictions in which you hold an active license:</b>			