

**Section 1: Biographical Data**

Last Name (print clearly)

First Name (print clearly)

Middle Name (print clearly)

Male  Female

Maiden Name (print clearly)

Social Security # (print clearly)

Date of Birth

U.S. Citizen?  Yes  No

Address (print clearly)

City (print clearly)

State

Zip Code (print clearly)

County of Residence (print clearly)

Ethnic Group:

- African American  Native American
- Asian  Pacific Islander
- Multiracial  Caucasian
- Hispanic or Latino/a  Other

International Country (not USA) (print clearly)

International Postal Code (print clearly)

Daytime Phone Number (print clearly)

Home Phone Number (print clearly)

Email Address (print clearly)

Indicate Your Primary State of Residence:  KY  Other: \_\_\_\_\_ Do you practice nursing ONLY in a military/federal facility?  Yes  No

Have you taken the Kentucky Jurisprudence Exam?  Yes  No

**Section 2: Type and Method of Application**

APPLICATION FEES PAYABLE BY CHECK OR MONEY ORDER TO THE KENTUCKY BOARD OF NURSING

License Type:  RN  LPN

**If You Have Never Held a KY Nursing License**

- Endorsement: \$165
- Examination: \$125

**Complete These Sections**

- 1, 2, 3, 4, 5, 6, 9, 10, 11
- 1, 2, 3, 4, 5, 6, 7, 10, 11

**Submit to KBN**

- NURSYS Form OR Attachment 2
- Kentucky Criminal History Report

**If You Held a KY Nursing License**

- Reinstatement: \$135

**Complete These Sections**

- 1, 2, 3, 4, 5, 6, 8, 10, 11

**Submit to KBN**

- 1) Attachment 1 or copies of CE
- 2) Kentucky Criminal History Report

FINGERPRINT FEE PAYABLE BY CHECK OR MONEY ORDER TO THE KENTUCKY STATE POLICE  
See the enclosed Fingerprint Instruction Sheet for fingerprint fee and mailing instructions.

**Section 3: Nursing Education**

Initial School of Nursing that is the Basis for this Application (print clearly)

City (print clearly)

State

Country (if not USA) (print clearly)

OFFICE USE

Month & Year Graduated

Type of Entry Level Program:

Tech/LPN  RN Diploma  ADN/AAS  BSN  MSN  Other: \_\_\_\_\_

ADDITIONAL EDUCATION (ATTACH RESUME IF ADDITIONAL SPACE IS NEEDED):

Additional Education: School Name (print clearly)

City (print clearly)

State

Country (if not USA) (print clearly)

Month & Year Graduated

Degree Earned: \_\_\_\_\_

If your nursing education was received outside of the U.S.A., you shall obtain a *VisaScreen Certificate for Kentucky Licensure*. See instructions for more information.

### Section 4: Declaration of Primary Residence

Indicate Your Primary State of Residence:  KY  Other: \_\_\_\_\_ Do you practice nursing ONLY in a military/federal facility?  Yes  No

DO NOT SUBMIT EVIDENCE OF PRIMARY RESIDENCE UNLESS REQUESTED TO DO SO.

Check the box for EACH state in which you currently practice:

- |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |                             |
|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> AL | <input type="checkbox"/> AZ | <input type="checkbox"/> DC | <input type="checkbox"/> GU | <input type="checkbox"/> IL | <input type="checkbox"/> LA | <input type="checkbox"/> MI | <input type="checkbox"/> MT | <input type="checkbox"/> NH | <input type="checkbox"/> NY | <input type="checkbox"/> PA | <input type="checkbox"/> SD | <input type="checkbox"/> VA | <input type="checkbox"/> WI |
| <input type="checkbox"/> AK | <input type="checkbox"/> CA | <input type="checkbox"/> DE | <input type="checkbox"/> HI | <input type="checkbox"/> IN | <input type="checkbox"/> MA | <input type="checkbox"/> MN | <input type="checkbox"/> NC | <input type="checkbox"/> NJ | <input type="checkbox"/> OH | <input type="checkbox"/> PR | <input type="checkbox"/> TN | <input type="checkbox"/> VI | <input type="checkbox"/> WV |
| <input type="checkbox"/> AR | <input type="checkbox"/> CO | <input type="checkbox"/> FL | <input type="checkbox"/> IA | <input type="checkbox"/> KS | <input type="checkbox"/> MD | <input type="checkbox"/> MO | <input type="checkbox"/> ND | <input type="checkbox"/> NM | <input type="checkbox"/> OK | <input type="checkbox"/> RI | <input type="checkbox"/> TX | <input type="checkbox"/> VT | <input type="checkbox"/> WY |
| <input type="checkbox"/> AS | <input type="checkbox"/> CT | <input type="checkbox"/> GA | <input type="checkbox"/> ID | <input type="checkbox"/> KY | <input type="checkbox"/> ME | <input type="checkbox"/> MS | <input type="checkbox"/> NE | <input type="checkbox"/> NV | <input type="checkbox"/> OR | <input type="checkbox"/> SC | <input type="checkbox"/> UT | <input type="checkbox"/> WA |                             |

### Section 5: Disciplinary

If you answer "Yes" to any of these questions, you SHALL provide the following documents:

1. A detailed letter of explanation for each action taken.
2. A certified copy of the Board's or other licensing agency's action.
3. If you have more than two disciplinary events, please list the event(s) and include state and year received on a separate piece of paper. Mail all documentation to the KBN address.

Check the appropriate boxes and fill out information for each "Yes" answer:

1. 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 with KBN?  Yes  No

State: \_\_\_\_\_ Year: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_

If "Yes", has this been previously reported to KBN?

Yes  No

2. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion, or a peer assistance program other than with KBN?  Yes  No

State: \_\_\_\_\_ Year: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_

If "Yes", has this been previously reported to KBN?

Yes  No

### Section 5: Disciplinary (Continued)

3. Has any licensing or regulatory authority in any state(s)/ jurisdiction(s), other than KBN, EVER denied, limited, suspended, probated, revoked, or otherwise disciplined your nursing or other professional license/certification or your privilege to practice?  Yes  No

State: \_\_\_\_\_ Year: \_\_\_\_\_ If "Yes", type of license/certification: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_ If "Yes", type of license/certification: \_\_\_\_\_

If "Yes", has this been previously reported to KBN?  Yes  No

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**Section 6: Criminal History** \* Per KRS 314.011 (21) Convictions include conditional discharge, a guilty plea pursuant to pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea

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If you have more than two felony or misdemeanor convictions, please list the conviction and state and year received on a separate piece of paper. Mail all documentation to the KBN address.

**You shall report ALL felony convictions\* and provide certified court records and a detailed letter of explanation.**

1. Have you EVER been convicted of a felony?  Yes  No

State: \_\_\_\_\_ Year: \_\_\_\_\_ If "Yes", type of felony: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_ If "Yes", type of felony: \_\_\_\_\_

If yes, has this conviction been previously reported to KBN?  Yes  No

**You shall report ALL misdemeanor convictions\***

2. Have you EVER been convicted of a misdemeanor including DUI's?  Yes  No

- If the conviction\* (including DUI's) is less than five years old, you shall provide certified court records and a detailed letter of explanation.
- If the conviction\* (including DUI's) is more than five years old, no additional documentation is required unless requested by KBN..

State: \_\_\_\_\_ Year: \_\_\_\_\_ If Yes, type of misdemeanor: \_\_\_\_\_

State: \_\_\_\_\_ Year: \_\_\_\_\_ If Yes, type of misdemeanor: \_\_\_\_\_

If yes, has this conviction been previously reported to KBN?  Yes  No

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**Section 7: Licensure by Examination (Valid for One Year)**

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NOTE: Please read instructions for complete information on the Kentucky Jurisprudence Exam, the Provisional License, obtaining a Kentucky Criminal History Report and the fingerprint card submission.

Have you previously taken NCLEX?  Yes  No If yes, was it for:

RN \_\_\_\_\_  
In what state(s)?

LPN \_\_\_\_\_  
In what state(s)?

Graduates from an out-of-state program of nursing shall submit:

An official transcript OR the program of nursing shall submit a certified list.

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**Section 8: Licensure by Reinstatement (Valid for One Year)**

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NOTE: Please read instructions for complete information on the Kentucky Jurisprudence Exam and the fingerprint card submission.

**Select ONE of the Following:**

- My reinstatement application will be received at KBN WITHIN 12 MONTHS of the date my license lapsed:

You Shall Submit:

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet) AND

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**Section 8: Licensure by Reinstatement (Valid for One Year) (Continued)**

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- A completed Fingerprint Card and fee (both submitted directly to the Kentucky State Police – See Fingerprint Instruction Sheet for fingerprint fee

and mailing instruction)

**PLUS**

- Proof of earning 14 contact hours of continuing education earned within the past 12 months **OR**
- Proof of earning 7 contact hours of continuing education and a satisfactory employee evaluation **OR**
- A completed *Verification of Employment (Outside of Kentucky)* form

*My reinstatement application will be received at KBN 12 MONTHS AND ONE DAY – 2 YEARS from the date my license lapsed:*

**You Shall Submit:**

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet) **AND**
  - A completed Fingerprint Card and fee (both submitted directly to the Kentucky State Police – See Fingerprint Instruction Sheet for fingerprint fee and mailing instruction) **AND**
  - Pass the Kentucky Jurisprudence Exam
- PLUS**
- Proof of earning 28 contact hours of continuing education (14 earned within the past one year) **OR**
  - A completed *Verification of Employment (Outside of Kentucky)* form

*My reinstatement application will be received at KBN 2 YEARS AND ONE DAY – 3 YEARS from the date my license lapsed:*

**You Shall Submit:**

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet) **AND**
  - A completed Fingerprint Card and fee (both submitted directly to the Kentucky State Police – See Fingerprint Instruction Sheet for fingerprint fee and mailing instruction) **AND**
  - Pass the Kentucky Jurisprudence Exam
- PLUS**
- Proof of earning 42 contact hours of continuing education (14 earned within the past one year) **OR**
  - A completed *Verification of Employment (Outside of Kentucky)* form

*My reinstatement application will be received at KBN 3 YEARS AND ONE DAY – 4 YEARS from the date my license lapsed:*

**You Shall Submit:**

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet) **AND**
  - A completed Fingerprint Card and fee (both submitted directly to the Kentucky State Police – See Fingerprint Instruction Sheet for fingerprint fee and mailing instruction) **AND**
  - Pass the Kentucky Jurisprudence Exam
- PLUS**
- Proof of earning 56 contact hours of continuing education (14 earned within the past one year) **OR**
  - A completed *Verification of Employment (Outside of Kentucky)* form

*My reinstatement application will be received at KBN 4 YEARS AND ONE DAY – 5 YEARS from the date my license lapsed:*

**You Shall Submit:**

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet) **AND**
  - A completed Fingerprint Card and fee (both submitted directly to the Kentucky State Police – See Fingerprint Instruction Sheet for fingerprint fee and mailing instruction) **AND**
  - Pass the Kentucky Jurisprudence Exam
- PLUS**
- Proof of earning 70 contact hours of continuing education (14 earned within the past one year) **OR**
  - A completed *Verification of Employment (Outside of Kentucky)* form

*My reinstatement application will be received at KBN MORE THAN 5 YEARS from the date my license lapsed:*

**You Shall Submit:**

- A Kentucky Criminal History Report from the Administrative Office of the Court (see instruction sheet) **AND**
  - A completed Fingerprint Card and fee (both submitted directly to the Kentucky State Police – See Fingerprint Instruction Sheet for fingerprint fee and mailing instruction) **AND**
  - Pass the Kentucky Jurisprudence Exam
- PLUS**

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## **Section 8: Licensure by Reinstatement (Valid for One Year) (continued)**

- Proof of earning 120 contact hours of continuing education (**ALL** earned within the past one year) **OR**
- A completed *Verification of Employment (Outside of Kentucky)* form **OR**

- Completion of a KBN-approved refresher course (completed within the past two years)

## **ction 9: Licensure by Endorsement (Valid for Six Months)**

NOTE: Please read instructions for complete information on the Kentucky Jurisprudence Exam and the fingerprint card submission.  
ALL 6 PAGES OF THE APPLICATION SHALL BE RETURNED TO BE CONSIDERED COMPLETE.

\_\_\_\_ State and \_\_\_\_ Year of original licensure as RN

\_\_\_\_ State and \_\_\_\_ Year of original licensure as LPN

Refer to the instruction sheet for additional requirements if your nursing education was not received in a U.S. jurisdiction.

**If you have been licensed less than 5 years:**

- You have met the competency requirements.

**If you have been licensed at least 5 years and practiced as a nurse for at least 500 hours in the preceding 5 years:**

- You shall list the contact information of the employer(s) in the area provided.

**If you have been licensed at least 5 years and have not practiced as a nurse for at least 500 hours:**

- You shall submit one of the following:
- Proof of earning 120 KBN-approved continuing education hours, earned within 12 months of the date the application is received at KBN OR
  - Proof of completing a KBN-approved refresher course, earned within two years of the date the application is received at KBN

Provide the following information regarding your last two NURSING employers:

\_\_\_\_  
Name of Employer 1 (print clearly)

\_\_\_\_  
Contact Person (print clearly)

\_\_\_\_ City (print clearly)

\_\_\_\_ State

\_\_\_\_ Zip Code (print clearly)

\_\_\_\_  
Employer 1 Telephone Number (print clearly)

\_\_\_\_  
Length of Employment with Employer 1 (print clearly)

\_\_\_\_  
Name of Employer 2 (print clearly)

\_\_\_\_  
Contact Person (print clearly)

\_\_\_\_ City (print clearly)

\_\_\_\_ State

\_\_\_\_ Zip Code (print clearly)

\_\_\_\_  
Employer 2 Telephone Number (print clearly)

\_\_\_\_  
Length of Employment with Employer 2 (print clearly)

## **Section 10: Responsibility, Accountability, and Required Continuing Education for KY**

**KRS 314.021(2):** All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

All licensed nurses practicing in Kentucky shall adhere to the Kentucky Nursing Laws and regulations, which are available at

**KRS 314.031(1):** It is "unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed or privileged under the provisions of this chapter."

**Domestic Violence:** All individuals shall earn 3 hours of KBN-approved Domestic Violence continuing education within 3 years of the date they are issued a Kentucky nursing license.

**Pediatric Abuse Head Trauma:** All individuals shall earn 1.5 hours of KBN-approved Pediatric Abuse Head Trauma continuing education within 3 years of the date they are issued a Kentucky nursing license.

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### **Section 11: Attestation Statement**

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I certify that I am the person referred to in this application; that I am not in default of a student loan or I am in repayment status of a student loan administered by the Kentucky Higher Education Assistance Authority (KHEAA); that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN; that all statements contained herein and on all attachments are true and correct in every respect and that I have read and understand this application and all requirements stated therein. I understand that failure to comply with requirements for licensure may subject this application to denial status. I understand that all information on this application is subject to an audit for verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to the full range of disciplinary action described therein. I declare my primary state of residence to be the state as indicated in the 'Declaration of Primary Residence' Section of this application.

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**Applicant's Signature**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Date**