

370

Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
502-429-3300 800-305-2042

APPLICATION FOR RN AND APRN LICENSURE

APPLICATION FEE IS NON-REFUNDABLE AND SUBJECT TO CHANGE

Office Use Only
A4 - EN & FP
A5 - EN
A7 - RS

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: Method of Application/Designation

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

If You Have Never Held a KY Nursing and APRN License

Complete These Sections

Submit to KBN

RN Endorsement & APRN Initial (A4):
\$165 RN Fee + \$165 APRN Fee

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

Kentucky Criminal History Report

RN Endorsement & APRN Endorsement (A4):
\$165 RN Fee + \$165 APRN Fee

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

Kentucky Criminal History Report

If You Held a KY Nursing and APRN License

Complete These Sections

Submit to KBN

RN Reinstatement & APRN Reinstatement (A7):
135 RN Fee + \$135 APRN Fee

1, 2, 3, 4, 5, 6, 7, 8, 10, 11

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.

APRN Designation: Anesthetist (3) Midwife (4) Practitioner (5) Clinical Nurse Specialist (6)

Section 3: Declaration of Primary Residence

State 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 4: 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

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

Section 5: 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

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

Section 5: Criminal History (Continued) * 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

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

Section 6: Nursing Education

OFFICE US ONLY
RN:

INITIAL RN NURSING EDUCATION

Program of Nursing of Initial Nursing Education (print clearly)

City (print clearly) State Country (if not USA) (print clearly)

Month & Year Graduated

Type of Nursing Program: RN Diploma ADN/AAS BSN MSN Doctorate Other _____

INITIAL ADVANCED PRACTICE NURSING EDUCATION

Program for Initial Advanced Practice Nurse Licensure (print clearly)

City (print clearly) State Country (if not USA) (print clearly)

Month & Year Graduated Degree/Credential Earned: Diploma/Certificate Master's Post-Master's Doctorate

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

Section 7: APRN Role Designation and National Certification

ROLE DESIGNATION

Advanced Practice Designation: Anesthetist (3) Midwife (4) Nurse Practitioner (5) Clinical Specialist (6)

NATIONAL CERTIFICATION ORGANIZATION AND POPULATION FOCUS:

- American Midwifery Certification Board
- American Academy of Nurse Practitioners Certification Program
- Pediatric Nursing Certification Board
- National Board of Certification and Recertification for Nurse Anesthetists
- National Certification Corporation
- American Association of Critical Care Nurses Certification Corporation
- American Nurses Credentialing Center

Select Population Focus:

Anesthetist Midwife

Nurse Practitioners:

- Adult Acute Care
- Adult Primary Care
- Adult Gerontology Acute Care
- Adult Gerontology Primary Care
- Family
- Gerontological
- Neonatal
- Pediatric Acute Care
- Pediatric Primary Care
- Women's Health
- Adult Psych/Mental Health
- Psych/Mental Health-Lifespan

Section 7: APRN Role Designation and National Certification (Continued)

Special Nurse Specialists:

- | | | |
|---|--|---|
| <input type="checkbox"/> Acute Care-Lifespan | <input type="checkbox"/> Adult | <input type="checkbox"/> Adult Gerontology |
| <input type="checkbox"/> Gerontological | <input type="checkbox"/> Neonatal | <input type="checkbox"/> Pediatric |
| <input type="checkbox"/> Child/Adol Psych/Mental Health | <input type="checkbox"/> Adult Psych/Mental Health | <input type="checkbox"/> Psych/Mental Health-Lifespan |

Certification Number _____ Certification Expiration Date _____

Please provide a copy of your current certification card. If you hold national certification in more than one population focus and want KBN records to reflect all population foci, please contact the APRN Licensure Coordinator at (502) 429-3329.

Have you been licensed or registered as an advanced practice registered nurse for at least one year? Yes No

If yes, give state, month and year of initial APRN licensure:

_____|_____|_____|_____|_____|_____|
State Month Year

Section 8: Reinstatement of RN & APRN (Valid for One Year)

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
- 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

Section 8: Reinstatement of RN & APRN (Valid for One Year) (Continued)

- 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**
- 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)

Section 9: Endorsement for RN & APRN

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

State and _____
Year of original licensure as RN

If you hold a current active license, choose ONE of the following:

- I have been licensed as a RN less than 5 years from the date of initial licensure.
- I have practiced 500 hours as a RN within the last 5 years.
- I have not practiced 500 hours as a RN in the last 5 years but have been licensed in another state longer than 5 years.
Contact KBN for requirements.

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)

Section 9: Endorsement for RN & APRN (Continued)

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 Kentucky

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 <http://kbn.ky.gov/laws.htm>

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.

Section 11: Attestation Statement

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 I shall have and maintain national certification to practice as an APRN; 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 all information on this application is subject to an audit for verification and that the falsification of any information contained herein will be cause for disciplinary action. I further understand that to practice as an APRN on an expired national certification violates Kentucky Nursing Law and subjects me to disciplinary action. I declare my primary state of residence to be the state as indicated in the 'Declaration of Primary Residence' section of this application.

Applicant's Signature

_____/_____/_____
Date