



ANNUAL CREDENTIAL RENEWAL Application
SANE with RN Compact License (not KY)

Return by Oct 31: \_\_\_\_\_
Licensure Fee: \_\_\_\_\_

Name and Address

Declaration of Primary Residence

I declare my state of primary residence to be: Kentucky [ ] Other (specify state): [ ]
Verification of primary state of residence may be required.
Current compact state of RN license: [ ] Date compact RN expires: \_\_\_\_\_
Do you practice nursing ONLY in a military/federal facility? Yes / No
List the jurisdictions in which you currently practice as a nurse: \_\_\_\_\_

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 SANE credential 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. YES / NO
If yes, what conviction(s)? \_\_\_\_\_ What state(s)? \_\_\_\_\_
2. Since your last KY SANE credential 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 with KBN or is such pending? YES / NO
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? YES / NO
If yes, what state(s)? \_\_\_\_\_
4. Since your last KY SANE credential 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? YES / NO
If yes, what state(s)? \_\_\_\_\_
5. Are you a member of the United States Armed Forces on active duty? YES / NO
6. Are you a member of the United States Armed Forces on active duty and deployed overseas? YES / NO
7. Branch of active duty service \_\_\_\_\_

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.

Signature: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_
02/2021