

ANNUAL LICENSURE RENEWAL APPLICATION
APRN WITH RN COMPACT LICENSE (NOT KENTUCKY)

[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 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.

- 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)?
- 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)?
- 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)?
- 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)?
- Are you a member of the United States Armed Forces on active duty?
- Are you a member of the United States Armed Forces on federal active duty and deployed overseas?
- Branch of active duty service

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

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;
- I understand that all information on this application is subject to verification and that knowingly supplying false information, including workforce data survey responses, 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:	

Workforce Data Survey

- Responses to the following workforce data survey questions are mandatory. See 201 KAR 20:085.
- Responses to the following workforce data survey questions are confidential and exempt from open records. See KRS 61.878(1)(a); 201 KAR 20:085.

Ethnic Group (on File): 1. Asian or Pacific Islander 2. Black or African American 3. Hispanic or Latino		Ethnic Group (Updated): 4. Native American or Alaskan Native 5. White or Caucasian 6. Multiracial or Biracial 7. A race/ethnicity not listed here	
Highest Education Level Attained (on File): 1. Vocational-Tech/Practical Nursing 2. Diploma Nursing (RN) 3. Associate Degree/Nursing 4. Associate Degree/Non-Nursing Field		Highest Education Level Attained (Updated): 5. Baccalaureate/Nursing 6. Baccalaureate/Non-Nursing Field 7. Masters/Nursing 8. Masters/Non-Nursing Field 9. Doctorate/Nursing 10. Doctorate/Non-Nursing Field	
How many years have you practiced as a nurse? 1. less than 1 year 2. 1-5 years 3. 6-10 years 4. 11-15 years 5. 16-20 years 6. 21-25 years 7. 26-30 years 8. More than 30 years			
What is your Employment status? (Mark all that apply)? * Per Diem: An arrangement wherein a nurse is employed directly on an as needed basis and usually has no benefits. Employed in Nursing: A nurse who receives compensation for work that requires licensure and/or educational preparation as a nurse. Volunteer: A nursing position that is performed willingly and without pay. 1. Actively employed in nursing Full-time 2. Actively employed in nursing Part-time 3. Actively employed in nursing Per diem 4. Actively employed in a field other than nursing Full-time 5. Actively employed in a field other than nursing Part-time 6. Actively employed in a field other than nursing Per diem 7. Working in nursing only as a Volunteer 8. Unemployed, seeking work as a nurse 9. Unemployed, not seeking work as a nurse 10. Retired			
Are you planning to retire within? 1. less than 3 years 2. 3-5 years 3. 5-10 years 4. 10-15 years 5. 15-20 years 6. Greater than 20 years			
* Primary Position: The position at which you work the most hours during your regular work year. Secondary Position: The position at which you work the second greatest number of hours during your regular work year. Name of Primary Employer: County of Primary Employment: State of Primary Employment: Name of Secondary Employer: County of Secondary Employment: State of Secondary Employment:			
Employment Hours for Primary Employer (on File): Employment Hours for Secondary Employer (on File): 1. 36-40 hours 2. 24-36 hours 3. 12-24 hours 4. Less than 12 hours		Employment Hours for Primary Employer (Updated): Employment Hours for Secondary Employer (Updated): 5. Retired from Nursing 6. Employed in Non-Nursing Field 7. Not Employed (other than retired) 8. Not Employed (seeking nursing employment)	
Hours in Excess of Regular Schedule per Week for Primary Employer (on File): Hours in Excess of Regular Schedule per Week for Secondary Employer (on File): 1. Less than 4 hours 2. 4-8 hours 3. 9-12 hours 4. 13-16 hours		Excess for Primary (Updated): Excess for Secondary (Updated): 5. Greater than 16 hours	
How many positions are your currently employed as a nurse?			
Primary Employment Setting (on File): Secondary Employment Setting (on File): 1. Ambulatory care/Outpatient 2. APRN Office 3. Assisted Living Facility 4. Community Health 5. Correctional Facility 6. Dialysis Center 7. Extended Care 8. Home Health 9. Hospice 10. Hospital Inpatient 11. Insurance Claims/Benefits 12. Infusion therapy center		Primary Employment Setting (Updated): Secondary Employment Setting (Updated): 13. Medical/Device Sales 14. Nurse Consulting 15. Nursing Home/Long Term Care 16. Occupational Health 17. Pain Clinic 18. Palliative Care 19. Personal Care 20. Pharmaceutical Sales 21. Physician's office 22. Policy/Planning/Regulatory/Licensing Agency 23. Practice owner with employees 24. Public Health 25. Psychiatric/Mental Health 26. Rehab Care 27. Self Employed/independent contractor 28. School Health Service/school nursing 29. School of Nursing/Nursing education 30. Staffing Agency nurse 31. Travel nurse 32. Urgent Care 33. Veterans/Military Facility 34. Non-Nursing Setting 35. Other	

Workforce Data Survey (Continued)

Primary Nursing Position (on File):			Primary Nursing Position (Updated):		
Secondary Nursing Position (on File):			Secondary Nursing Position (Updated):		
A. APRN Certified Registered Nurse Anesthetist			M. APRN Certified Nurse Midwife		
P. APRN Certified Nurse Practitioner			S. APRN Clinical Nurse Specialist		
P1. Adult (Acute & Primary Care)			S1. Acute Care (Across the Lifespan)		
P2. Adult Gerontology (Acute & Primary Care)			S2. Adult; Adult Gerontology		
P3. Adult Psych Mental Health			S3. Adult Psych Mental Health		
P4. Family			S4. Child/Adolescent Psych Mental Health		
P5. Gerontological			S5. Gerontology		
P6. Neonatal			S6. Neonatal		
P7. Pediatric (Acute & Primary Care)			S7. Pediatric		
P8. Psych Mental Health (Across the Lifespan)			S8. Psych Metal Health (Across the Lifespan)		
P9. Women's Health					
1. Case Manager	9. Nurse Director	17. Staff Nurse			
2. Chief Executive Officer	10. Nurse Executive	18. Quality Nurse			
3. Chief Financial Officer	11. Nurse Manager/Supervisor	19. Staff Development/educator			
4. Chief Nursing Officer	12. Travel Nurse/Agency nurse	20. Other-Healthcare Related (Specify)			
5. Chief Operating Officer	13. Nurse Researcher				
6. Medical Reviewer	14. Office Nurse	21. Other-Not Healthcare Related (Specify)			
7. Nurse Academic Faculty/Educator	15. Public Health Nurse				
8. Nurse Consultant	16. School nurse				

Primary Practice Area (on File):			Primary Practice Area (Updated):		
Secondary Practice Area (on File):			Secondary Practice Area (Updated):		
1. Acute Care	16. Infection Prevention	31. Pre-operative			
2. Administration (non-nursing)	17. Maternal-Child Health/Obstetrics	32. Primary Care			
3. Anesthesia	18. Medical Surgical	33. Primary/Secondary School			
4. Cardiac	19. Neonatal	34. Private Duty			
5. Case Management	20. Nephrology	35. Psychiatric/Mental Health			
6. Community Health	21. Nursing Administration	36. Public Health			
7. Cosmetic	22. Nursing Education	37. Quality Improvement			
8. Critical Care	23. Occupational health	38. Regulatory			
9. Dermatology	24. Oncology	39. Rehabilitation			
10. Dialysis	25. Orthopedics	40. Sales			
11. Emergency/Trauma	26. Pain management	41. Substance Abuse			
12. Family Health	27. Palliative Care	42. Telehealth			
13. Geriatric/Gerontology	28. Pediatrics	43. Urgent Care			
14. Home Health	29. Perioperative/Operating room	44. Woman's Health			
15. Hospice	30. Postoperative/PACU				

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

1. Benefits	5. Inadequate Salary	8. Unhealthy Work Environment
2. Difficulty Finding a Nursing Position	6. Lack of resources/support on the job	9. Vaccine mandates
3. Disabled	7. Stressed out/burn out	10. Other
4. Home/family obligations		

Financial Information:

1. Less than \$40,000	5. \$100,000 to less than \$120,000	8. \$160,000 to less than \$180,000
2. \$40,000 to less than \$60,000	6. \$120,000 to less than \$140,000	9. Greater than \$180,000
3. \$60,000 to less than \$80,000	7. \$140,000 to less than \$160,000	10. Prefer not to respond.
4. \$80,000 to less than \$100,000		

Please list all US Jurisdictions in which you hold an active license: