

ANNUAL LICENSURE RENEWAL APPLICATION
APRN WITH KENTUCKY RN LICENSE

[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

Current Mailing Address

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

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

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):		Ethnic Group (Updated):	
1. Asian or Pacific Islander		4. Native American or Alaskan Native	
2. Black or African American		5. White or Caucasian	7. A race/ethnicity not listed here
3. Hispanic or Latino		6. Multiracial or Biracial	

Highest Education Level Attained (on File):		Highest Education Level Attained (Updated):	
1. Vocational-Tech/Practical Nursing		5. Baccalaureate/Nursing	
2. Diploma Nursing (RN)		6. Baccalaureate/Non-Nursing Field	
3. Associate Degree/Nursing		7. Masters/Nursing	9. Doctorate/Nursing
4. Associate Degree/Non-Nursing Field		8. Masters/Non-Nursing Field	10. Doctorate/Non-Nursing Field

How many years have you practiced as a nurse?

1. less than 1 year	3. 6-10 years	5. 16-20 years	7. 26-30 years
2. 1-5 years	4. 11-15 years	6. 21-25 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	6. Actively employed in a field other than nursing Per diem
2. Actively employed in nursing Part-time	7. Working in nursing only as a Volunteer
3. Actively employed in nursing Per diem	8. Unemployed, seeking work as a nurse
4. Actively employed in a field other than nursing Full-time	9. Unemployed, not seeking work as a nurse
5. Actively employed in a field other than nursing Part-time	10. Retired

Are you planning to retire within?

1. less than 3 years	3. 5-10 years	5. 15-20 years
2. 3-5 years	4. 10-15 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:	Name of Secondary Employer:
County of Primary Employment:	County of Secondary Employment:
State of Primary Employment:	State of Secondary Employment:

Employment Hours for Primary Employer (on File):	Employment Hours for Primary Employer (Updated):
Employment Hours for Secondary Employer (on File):	Employment Hours for Secondary Employer (Updated):
1. 36-40 hours	5. Retired from Nursing
2. 24-36 hours	6. Employed in Non-Nursing Field
3. 12-24 hours	7. Not Employed (other than retired)
4. Less than 12 hours	8. Not Employed (seeking nursing employment)

Hours in Excess of Regular Schedule per Week for Primary Employer (on File):	Excess for Primary (Updated):	
Hours in Excess of Regular Schedule per Week for Secondary Employer (on File):	Excess for Secondary (Updated):	
1. Less than 4 hours	3. 9-12 hours	5. Greater than 16 hours
2. 4-8 hours	4. 13-16 hours	

How many positions are your currently employed as a nurse?

Primary Employment Setting (on File):	Primary Employment Setting (Updated):	
Secondary Employment Setting (on File):	Secondary Employment Setting (Updated):	
1. Ambulatory care/Outpatient	13. Medical/Device Sales	25. Psychiatric/Mental Health
2. APRN Office	14. Nurse Consulting	26. Rehab Care
3. Assisted Living Facility	15. Nursing Home/Long Term Care	27. Self Employed/independent contractor
4. Community Health	16. Occupational Health	28. School Health Service/school nursing
5. Correctional Facility	17. Pain Clinic	29. School of Nursing/Nursing education
6. Dialysis Center	18. Palliative Care	30. Staffing Agency nurse
7. Extended Care	19. Personal Care	31. Travel nurse
8. Home Health	20. Pharmaceutical Sales	32. Urgent Care
9. Hospice	21. Physician's office	33. Veterans/Military Facility
10. Hospital Inpatient	22. Policy/Planning/Regulatory/Licensing Agency	
11. Insurance Claims/Benefits	23. Practice owner with employees	34. Non-Nursing Setting
12. Infusion therapy center	24. Public Health	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: