

APPLY FOR ADDITIONAL POPULATION FOCUS INSTRUCTIONS

In order to request an additional population focus, you will need to complete through your nurse portal account.

• **NOTE:** If you are certified with the same population focus through a different certifying organization, only one needs to be provided.

Please note, the Kentucky Board of Nursing Nurse Portal works best on Windows desktop PC or laptop in Chrome or Microsoft Edge. **Mobile devices are not supported** (for example: phones, iPads, tablets).

Apply for Additional Population Focus:

- Log in to your KBN Nurse Portal account:
 - o <u>https://kybn.boardsofnursing.org/kybn</u>
- Under 'Your Licenses with Kentucky', you will locate a link next to your APRN license number:
 - Select 'Apply for Additional Population Focus'.

Your Licenses with Kentucky						Inactivate your License	Apply for License
License Number	License Type	Compact Status	License Granted Date	License Expiration Date	License Status		
1 1	APRN-CNP	N/A			Active-APRN MSRN	Apply for Additional Population Request Prescriptive Authori	on Focus ty for NS/CS
							More ~

- Review Instructions.
 - Select Next.
- Application Type
 - Verify this the application you are wanting to submit.
 - Select the APRN Population Focus/Specialty you are wanting to apply for.
 - Select 'Yes' to:
 - 1) In order to add your new population focus, you are required to upload a copy of your national certification. (required)
 - Upload a copy of your national certification associated with the population focus.
 - Select Save and Continue.
- o General Information
 - Verify your Name and Contact Information

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- If you need to make an update to your name, you will go to the Nurse Portal Dashboard.
 - Go to the bottom of the dashboard to Other Applications and select Apply.
 - Select the ALL LICENSES (EXCEPT SRNA) Request a Name Change application.
- If you need to make a change to your address, you will go to the Nurse Portal Dashboard.
 - Select Manage Profile.
 - Select Demographics Update.

- Follow the steps to select Primary State of Residence and update address.
- If information is correct, select Save and Continue.
- National Certification
 - Select '+Add National Certification' to open a new panel to add the corresponding national certification information that you are requesting the population focus for.

National Certific	ation
National	Certification Exam Agency (required)
Certification	American Nurses Credentialing Center (ANCC)
	Certification Number (required)
	Onginal Issue Date
	Expiration Date (required)
	Supporting Documentation
	Opload
	Please upload a copy of your Certification.
ad National Certific	ation
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- Enter Expiration Date
 - Select Save and Continue.

National	Certification Exam Agency (required)	
Certification	Please Select	~
	Certification Number (required)	
	Original Issue Date	
	mm/dd/yyyy	
	Expiration Date (required)	
	mm/dd/yyyy	
	Supporting Documentation	
	Upload	
	Please upload a copy of your Certification.	
dd National Certific	ation	

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- Preview and Submit Application
 - Review information entered.
 - Read the attestation statement at the bottom of the page.
 - Be sure to select the box to attest to the attestation statement.
 - Select Submit.