

## 201 KAR 20:215

### Application for Individual Review

#### **201 KAR 20:215 Section 7(1) states:**

A licensee may request an individual review of a nonapproved continuing education activity completed during the earning period if, within thirty (30) days after the expiration of the immediate past licensure period, the licensee has:

- (a) Requested the review by submitting an Application for Individual Review; and
- (b) Paid a fee of ten (10) dollars.

The following application form is listed as material incorporated by reference in 201 KAR 20:215.

#### **KBN Nurse Portal**

This process is now available in the KBN nurse portal. Please complete the Application for Individual Review available in the KBN Nurse Portal, upload all required items, and submit the \$10 fee.

#### **LPN, RN, or APRN - Individual CE Review Instructions**

- Log in to your KBN Nurse Portal account.
  - <https://kybn.boardsofnursing.org/kybn>
- Go to the bottom of the Nurse Portal Dashboard to 'Other Applications.'
  - Select Apply.

Application	Status	Submission Date	Application Id
No applications found			
Non Licensure related Applications Provided by the Board of Nursing			

- Select the 'LPN, RN, or APRN – Individual CE Review' application.
  - Review Instructions.
    - Select Next.
- Application Type
  - Verify this the application you are wanting to submit.
  - Continuing Education Activity
    - 1) Title of Presentation (required)
      - Enter the title of the presentation in text box.
    - 2) Presenter Information (required)
      - Enter the presenter information in text box.
    - 3) Provider Information (required)
      - Enter the provider information in text box.
    - 4) Location/Format (required)

- Enter the location/format in text box.
- 5) Date(s) (required)
  - Enter the date(s) in text box.
- 6) Times (required)
  - Enter the times in text box.
- 7) Hours Awarded (required)
  - Enter the hours awarded in text box.
- 8) Summary of the Major Idea(s) Presented - Describe the major ideas presented in this activity: (required)
  - Enter the summary of the major idea(s) presented in text box.
- 9) Application to Nursing Practice – Describe the application of this activity to your nursing practice: (required)
  - Describe the application of this activity to your nursing practice in text box.
- 10) Be sure to attach the completion certificate, timed outline, presentation schedule, or agenda and any promotional materials, announcements, or brochures for this activity with your request. (required)
  - Select 'Supporting Document'
    - Select 'Upload'
      - Upload the completion certificate, timed outline, presentation schedule, or agenda and any promotional announcements, or brochures for this activity with your request.
- Select Save and Continue.
- General Information
  - Verify your Name and Contact Information
    - 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.
- 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 Make Payment.
    - Submit fee of \$10.

**Kentucky Board of Nursing**  
**Application for Individual Review**

**Applicant Information**

Name:

Address:

City:

State:

Zip:

KY License Number:

License Type:

Email Address:

Phone Number:

**Continuing Education Activity**

Title of Presentation:

Presenters:

Provider:

Location/Format:

Date(s):

Times:

Hours awarded:

*\*Be sure to attach the completion certificate, timed outline, presentation schedule, or agenda and any promotional materials, announcements, or brochures for this activity with your request.*

**Major Idea(s) Presented**

Describe the major ideas presented in this activity:

**Application to Nursing Practice**

Describe the application of this activity to your nursing practice: