

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.



- 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: