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APRN – RESCISSION OF A CAPA NS/CS

In order to request a rescission for a CAPA-NS or CAPA-CS, you will do so through your Kentucky Board of Nursing (KBN) Nurse Portal account.

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).

- 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

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

- Choose the application for which prescriptive authority you are wanting to rescind.
 - APRN – RESCISSION of a Collaborative agreement for the Prescriptive Authority for Controlled Substances (CAPA-CS)
 - APRN – RESCISSION of a Collaborative agreement for the Prescriptive Authority for Non-Scheduled Drugs (CAPA-NS)

Other Applications

Non Licensure related Applications Provided by the Board of Nursing

Other Applications with Kentucky
Address Change - Dialysis Tech / LCPM / SRNA
ALL LICENSE TYPES (EXCEPT SRNA) - Request Name Change
ALL LICENSE TYPES (EXCEPT SRNA) - Retire a License
ALL LICENSE TYPES (EXCEPT SRNA) - Transcript Request
ALL LICENSE TYPES (EXCEPT SRNA) - Verifications of Licensure to another entity other than a board of nursing in the United States
ALL LICENSE TYPES (EXCEPT SRNA) - Wall Certificate Request
APRN - Exemption from the CAPA-CS Requirement (After Four Years)
APRN - Notification to Discontinue the CAPA-NS After Four Years
APRN - RESCISSION of a Collaborative Agreement for the Prescriptive Authority for Controlled Substances (CAPA -CS)
APRN - RESCISSION of a Collaborative Agreement for the Prescriptive Authority for Non-Scheduled Legend Drugs (CAPA -NS)
Individual CE Review
NISF Letter / File Submission
NURSING INCENTIVE SCHOLARSHIP FUND APPLICATION
SRNA - Request Name Change

- **APRN – RESCISSION of a CAPA-NS**
 - Review Instructions
 - Select Next
 - Application Type
 - Verify this the application you are wanting to submit.
 - 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, proceed.
 - Answer Yes to the question:
 - Are you submitting a Rescission of a CAPA NS?
 - Upload completed RESCISSION of a Collaborative Agreement for the Prescriptive Authority for Controlled Substances (CAPA NS) form.
 - <https://kbn.ky.gov/KBN%20Documents/aprn-capa-ns-rescission-form.pdf>
 - 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.

- **APRN – RESCISSION of a CAPA-CS**
 - Review Instructions
 - Select Next
 - Application Type
 - Verify this the application you are wanting to submit.
 - 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, proceed.
 - Answer Yes to the question:
 - Are you submitting a Rescission of a CAPA CS?
 - Upload completed RESCISSION of a Collaborative Agreement for the Prescriptive Authority for Controlled Substances (CAPA CS) form.
 - <https://kbn.ky.gov/KBN%20Documents/aprn-capa-cs-rescission-form.pdf>
 - 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.