

APPLICATION FOR LICENSURE

Kentucky Board of Nursing

312 Whittington Parkway, Suite 300 Louisville, KY 40222-5172

License Application Type

Application Type: License Type:

For Endorsement only

Please select the license type you are endorsing in:

Please indicate the State that issued your INITIAL license: Country:

Select one of the following:

- been licensed as a nurse less than 5 years from the date of initial licensure?
- practiced as a nurse for 500 hours within the past 5 years?
- not practiced 500 hours in the past 5 years but have been licensed in another state longer than 5 years?

For Exam only

Have you previously taken NCLEX? If yes, what license type, date, county and which state(s)?

Testing Accommodation - Indicate if you require testing accommodations:

For Reinstatement only

Select one option

1. My reinstatement application will be received at KBN WITHIN 12 MONTHS of the date my license lapsed
2. My reinstatement application will be received at KBN 12 MONTHS AND ONE DAY – 2 YEARS from the date my license lapsed
3. My reinstatement application will be received at KBN 2 YEARS AND ONE DAY – 3 YEARS from the date my license lapsed
4. My reinstatement application will be received at KBN 3 YEARS AND ONE DAY – 4 YEARS from the date my license lapsed
5. My reinstatement application will be received at KBN 4 YEARS AND ONE DAY – 5 YEARS from the date my license lapsed
6. My reinstatement application will be received at KBN MORE THAN 5 YEARS from the date my license lapsed

General Information - Demographic Information

Salutation:

Full Legal Name Required:

Maiden Name:

Identifying information

What is your Gender?

What is your Race? (Please select All that apply):

Are you of Hispanic or Latino origin?

Contact Information

Physical / Residential address

Mailing address

Phone number

Are you a U.S. Citizen?

Have you taken the Kentucky Jurisprudence Exam?

Declaration of Primary Residence and Areas of Practice

I am declaring Kentucky as my Primary State of residence in compliance with the above Primary State of Residence.

I am declaring a Non-Compact State as my primary state/territory of residency.

I am declaring another Compact State as my primary state of residence. I work only in a military/federal facility.

Education History – Initial Approved Program of Nursing Education

Program Type:

Program Name:

Program Address:

Degree Obtained:

Education Status:

Graduation date:

Please indicate your Education Basis for Licensure:

Additional Education

Program Type:

Program Name:

Program Address:

Degree Obtained:

Education Status:

Graduation date:

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Other nurse licenses

Other Nursing License Type:
Country:
Issuing Board of Nursing:
Issue Date:

Employment History

Employer: _____
Address: _____ Telephone #: _____ Length of Employment: _____
Supervisor Name: _____ Supervisor Email Address: _____ Supervisor Title: _____

Eligibility Questions

1. Has any licensing or regulatory authority in any state(s) / jurisdiction(s), other than KBN, EVER denied, limited suspended, probated, revoked, or otherwise discipline your nursing or other professional license/certification or your privilege to practice?
If "Yes", has this been previously reported to KBN? Provide State, Year and Type
2. 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 with KBN?
If "Yes", has this been previously reported to KBN? Provide State, Year and Type
3. You shall report ALL felony convictions* and provide certified court records and a detailed letter of explanation. Have you EVER been convicted of a felony?
If "Yes", has this been previously reported to KBN? Provide State, Year and Type
4. You shall report ALL misdemeanor convictions* and provide certified court records and a detailed letter of explanation. Have you EVER been convicted of a misdemeanor including DUI's
If "Yes", has this been previously reported to KBN? Provide State, Year and Type
 - if the conviction* (including DUI's) is less than five years old, you shall provide certified court records and a detailed letter of explanation.
 - if the conviction * (including DUI's) is more than 5 years old, no additional documentation is required unless requested by KBN.
5. Are you currently a participant in a state board/designee monitoring program including alternative to discipline, diversion or a peer assistance program other than KBN
If "Yes", has this been previously reported to KBN? Provide State, Year and Type

* Convictions include conditional discharge, a guilty plea pursuant to pretrial diversion, pleading no contest, nolo contendere or entered an Alford plea. KRS 314.011 (21) If you have more than two felony or misdemeanor convictions, please list each the conviction and state and year separately.

Responsibility and Accountability

All licensed nurses practicing in Kentucky must adhere to the Kentucky Nursing Laws and regulations: Kentucky Revised Statutes (KRS) Chapter 314, and Kentucky Administrative Regulations (KAR) Chapter 20, Title 201. They may be found at <https://apps.legislature.ky.gov>.

KRS 314.021(2): All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.031(1): It is "unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed or privileged under the provisions of this chapter."

201 KAR 20:070 & 110: The applicant shall meet all of the applicable continuing education course earning requirements in 201 KAR 20:215.

Attestation Statement

I certify that the following statements, including any attachments, are true and correct in every respect:

- I certify that I am the person referred to in the foregoing application for licensure in Kentucky;
- I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN;
- I have read and understand this application and all requirements stated therein;
- I understand that failure to comply with requirements for licensure may subject this application to denial status;
- I understand that all information on this application is subject to an audit for verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to the full range of disciplinary action described therein; and
- I declare my primary state of residence to be the state as indicated in the "declaration of primary residence" section of this application.