INSTRUCTIONS FOR COMPLETION OF ADVANCED PRACTICE APPLICATION

Licensure in Kansas is mandatory to practice as an advanced practice registered nurse (APRN). You may not be employed to practice as an APRN in Kansas until certified or issued a temporary permit by the Kansas State Board of Nursing. Licensure/certification in another state, territory or country does not grant applicants the privilege of practicing as an APRN in Kansas. APRN applicants must also have an active license as a Registered Professional Nurse in Kansas.

All information on the attached application must be complete and accompanied by the appropriate fee. All blanks must be complete unless otherwise noted (e.g. optional). Mail the original application you completed; no photocopies of completed applications are accepted.

Application fees may be paid by personal check, money order or cashier’s check made payable to the Kansas State Board of Nursing. The application fee must accompany the application. Pursuant to K.A.R. 60-3-107 (b) Applications for initial licensure by examination or endorsement and for reinstatement while awaiting documentation of qualifications shall be active for six months. (1) The expiration date of each application shall be based upon the date of receipt at the agency. (2) Once the application has expired, each individual seeking licensure shall file a new application along with the appropriate fee as prescribed by K.A.R. 60-4-101.

EDUCATION

All roles

- Program completed after January 1, 1997 – shall include three (3) college hours in advanced pharmacology or equivalent
- Program completed after January 1, 2001 – nurse practitioner and clinical nurse specialist applicants shall have completed 3 college hours in advanced pathophysiology or its equivalent and 3 college hours in advanced health assessment or its equivalent.

Role Specific Requirements

Nurse Practitioner

Complete a formal, post basic nursing education program approved by the Kansas board which prepares the nurse to function as a nurse practitioner. If completing a program after July 1, 1994, the applicant shall hold a baccalaureate or masters degree in clinical nursing. If completing the program after July 1, 2002, the applicant shall hold a masters or higher degree in a clinical area of nursing.
Nurse Midwife
Complete a formal, post basic nursing education program approved by the Kansas board which prepares the nurse to function as a nurse midwife. If completing a program after July 1, 2000 the applicant shall hold a baccalaureate or higher degree in nursing.

Clinical Nurse Specialist
Complete a formal, post basic nursing education program approved by the Kansas board which prepares the nurse to function as a clinical nurse specialist. If completing a program after July 1, 1994, the applicant shall hold a baccalaureate or masters degree in clinical nursing. If completing the program after July 1, 2002, the applicant shall hold a masters or higher degree in a clinical area of nursing.

Nurse Anesthetist
Complete a formal, post basic nursing education program approved by the Kansas board which prepares the nurse to function as a nurse anesthetist. If completing a program after July 1 2002, the applicant shall hold a masters degree in nurse anesthesia.

REQUIRED EDUCATION DOCUMENTATION
- Official transcripts – Request official transcripts to show completion of the program of study be sent directly to the Board office. If a baccalaureate or masters degree in nursing is required for APRN certificate of qualification, those transcripts must be submitted and must show the degree conferred posted on the transcript.
- If the program was located outside of Kansas, the Kansas State Board of Nursing shall decide if the program met the standards for Kansas Programs and may request additional information about the program.
- RNA ONLY: Verification of successful completion of the Council on Certification of Nurse Anesthetist Certification Exam.

TEMPORARY PERMIT
The granting of a temporary permit is discretionary and in no circumstances guarantees licensure to follow. Some examples in which a Temporary Permit may be denied include, if you:
- Have been under investigation or had disciplinary action pending in Kansas or any other state or agency of the U.S. Government, territory of the United States, or country.
- Have had past disciplinary action in another state or agency of the U.S. Government, territory of the United States, or country.
- Have had other disciplinary action taken against the applicant or licensee by a licensing authority of another state, agency of the U.S. Government, territory of the United States or country.
- Have criminal history.

Approved National Specialty Certification Organizations:
Nurse Practitioner  NMW
AACN – Acute Care      ACNM – Midwifery
AANP – Adult, Family, Gerontologic
ANCC – Acute, Adult, Family, Gerontological, Pediatric, Psychiatric/Mental Health
NCC – Neonatal, Women’s Health
PNCB – Primary Care Pediatrics; Acute Care Pediatrics

Clinical Nurse Specialist:
AACN – Acute/Critical Care
ANCC – Public/Community Health, Gerontology, Adult Health, Psychiatric Mental Health

Nurse Anesthetist:
CCNA: Council on Certification of Nurse Anesthetists
Requirements for Additional Documents:

- **CONVICTIONS**: If you have been **convicted** of a misdemeanor and/or felony, specific **certified/dated** copies of court documents (for EACH) conviction are **REQUIRED** when you submit your application. The certified/dated copies must be current (dated within the past 3 months). Without the REQUIRED documents, the application is considered incomplete and may result in a denial of licensure.

  **Please note**: a successfully completed court-ordered Diversion is NOT a conviction, and therefore need not be reported to KSBN. Also note that different courts may use different titles for similar court documents.

  The following list is not all inclusive but represents the types of court documents that can be obtained from the office of the Clerk of the Court where the conviction/diversion occurred – City (municipal), county (district/circuit) or federal court:

  - Uniform Notice to Appear and Complaint (e.g. ticket), Complaint/Petition or Indictment: **DO NOT submit information regarding speeding or parking tickets**
  - Amended Complaint/Petition or Indictment (indicates charges were increased/decreased from the original charges)
  - Journal Entry of Judgment (Conviction) and Sentencing (this may be on the back side of the ticket or a separate piece of paper entitled “Journal Entry”
  - Probation Agreement (if any) and current status
  - Diversion Agreement (if any) and current status
  - Proof that all fines, fees, costs and/or restitution have been paid or record of payment to date

- **DISCIPLINARY ACTION**: If you have been **disciplined** by any Board (e.g. professional licensure) or governmental agency (e.g. Department of Health and Environment regarding CNA or HHA certification, Department of Revenue regarding a driver’s license suspension, cancellation and/or revocation for any reason), you are **REQUIRED** to provide a certified/dated copy of that Board order or disciplinary/administrative action. You may obtain a copy of your current driver’s record by going to any driver’s license exam station with a current photo ID and requesting the document. A small fee is usually charged for a copy of your driving record.

- **EXPLANATORY LETTER**: You are **REQUIRED** to submit an explanatory letter regarding EACH conviction and/or disciplinary/administrative action. The letter should include the following information:

  - Date of the criminal offense or disciplinary/administrative action
  - Circumstances leading up to the arrest or disciplinary/administrative action
  - Actual conviction or disciplinary/administrative action
  - Actual sentence or board/regulatory agency order
  - Current status of sentence or order
  - Rehabilitation (if any)

If you have questions about the conviction or disciplinary action requirements, please contact the Kansas State Board of Nursing legal department at (785) 296-4325.
Background Checks Required for Nursing License

GENERAL INFORMATION
An applicant for a Kansas license by endorsement or exam is required to provide one completed fingerprint card in order to conduct background checks with the Kansas Bureau of Investigation and FBI. A fingerprint card must be obtained from the Kansas State Board of Nursing (KSBN) because it contains specific identifying information. **It takes about one (1) month to receive background check results.** Exam applicants should apply for a license at least one (1) month prior to the graduation date in order to prevent delays. **The Board of Nursing will not license a person until the background check is received. Enclose a check or money order for $48.00 payable to the Kansas State Board of Nursing. Fees are nonrefundable.**

HOW TO COMPLETE THE FINGERPRINT CARD
If you are fingerprinted by using ink and a card, you MUST use the card provided by KSBN-you can submit a request for a fingerprint card by going to the board's website at [www.ksbn.org](http://www.ksbn.org), click on “new online fingerprint card order form”, complete the form and submit or call 785-296-3375 to request a card.

- To facilitate prompt and accurate processing of the fingerprint card:
  - Type or print legibly in black ink
  - Stay within the blocks-DO NOT OVERLAP THE BLUE LINES
  - You name on the card must be identical to the name on your application
  - No staples anywhere on the card
  - DO NOT FOLD FINGERPRINT CARD

Complete the following boxes on the card
- Last name, first name, middle name
- Signature of person fingerprinted
- Aliases (other names you have used, including nicknames, maiden name, other married names, etc.)
- ORI (this block should read: KS920150Z State Board of Nursing, Topeka, Ks.)
- Date of birth (numeric month, numeric day, and numeric year)
- Residence of person fingerprinted (street address or post office box, city, state, zip)
- Citizenship (i.e. United States, England, Philippines)
- Sex, race, height, weight, eyes (color), hair (color)
  - Sex: M=Male; F=Female
  - Race: A=Asian; W=White; B=Black; I=American Indian; U=Unknown; (If Hispanic use “W”)
  - Eyes: BLU=Blue; BRO=Brown; BLK=Black; GRY=Gray; GRN=Green; HAZ=Hazel; MAR=Maroon; PNK=Pink; XXX=Unknown
  - Hair: BAL=Bald; BRO=Brown; SDY=Sandy; BLK=Black; GRY=Gray; WHI=White; BLN=Blond; RED=Red; XXX=Unknown
- Place of birth (city, state, or foreign country)
- Employer and address (“none” if you are unemployed)
- Social Security Number
- Leave all other spaces blank (OCA, FBI, MNU, MNU)

Prints may be taken by any law enforcement official trained in taking fingerprints. The fingerprint card will be taken by the applicant to the facility that is taking the print. **The facility taking the prints MUST mail the card and waiver directly to KSBN upon completing the prints.** A fee is occasionally charged. Staff of the Board of Nursing is also trained to take electronic prints and can be done in the board office and the fee is $7.50. Prints must be rolled from nail to nail and the ridges should be sharp and distinct. The signature of the person taking the prints must appear on the fingerprint cards. **If reprints are required, a different individual than the one who originally took the prints must take them.**
NOTE: RNA ONLY

For your information, there is a legal requirement that Registered Nurse Anesthetists carry malpractice insurance and pay a surcharge to the State of Kansas Health Care Stabilization Fund. This procedure is handled through the Kansas Health Care Stabilization Fund at (785) 291-3777.


### ADVANCED PRACTICE APPLICATION

**For License to Practice**

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**Mailing Address**

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1. Date of Birth (MM) ____ (DD) ____ (YYYY)_______
2. Gender:  Male: _______   Female ______
3. Social Security No. _-_____-______
   (Your social security number is required pursuant to 42 U.S.C.s 666(a), K.S.A. 74-148 and K.S.A. 74-139, and may be used for child support enforcement purposes or provided to the Kansas director of taxation upon request)
4. Languages spoken:  English ____  Spanish ____  Other: ____________________________________
   (optional)
5. Phone: Home (____) ____ - _____   Work (____) ____ - _____  E-Mail ____________________
   (optional)
6. High School:_______________________________________________________________________
   Name                                          City                             State                            Grad Date                   GED Date
   __________________________________________
7. Name of Advanced Nursing Program/School____________________________________________
8. Address of Program_______________________________________________________________
    Street   City   State   Zip Code
    ____________________________
9. Date Program completed ____________________________  Degree Awarded: ______________
   MM                DD                YY
   Request an official transcript be sent to KSBN
10. Education Completed:  Please check all that apply
    ___ LPN  ___ RN, Diploma  ___ Masters in Nursing
    ___ LMHT ___ RN, Associate Degree  ___ Masters, Other Field
    ___ RN, Baccalaureate Degree ___ Doctorate in Nursing
    ___ Baccalaureate, Other Field ___ Doctorate, Other Field
11. Have you ever been convicted of a misdemeanor?  Yes _______ No _______
   Any convictions of speeding or parking violations do not need to be reported.
   If yes, where: __________________________________________________________________
   (If answer is yes, please attach certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)
12. Have you ever been convicted of a felony?  Yes _______ No _______
   Any convictions of speeding or parking violations do not need to be reported.
   If yes, where: __________________________________________________________________
   (If answer is yes, please attach certified copy of court documents and explanatory letter for each conviction. If previously submitted to KSBN, please state type of conviction, date, and KSBN case number. Do not send a second copy)

**For Office Use Only**

Please check one:
APRN with Temporary permit:       $100____
APRN without Temporary permit:       $50 ____
RNA/APRN with Temporary permit:       $110____
RNA/APRN without Temporary permit: $75 _____
13. Are criminal proceedings pending in any federal or state court? Yes ________ No ________
   If yes, where: ________________________________________________________________
   Please explain in an accompanying letter

14. Is an investigation and/or disciplinary action pending against any license, certification or registration 
   (nursing or other): Yes ____ No ________
   If yes, where: ________________________________________________________________
   Please explain in an accompanying letter

15. Has any license, certification or registration (nursing or other) ever been denied, revoked, 
   suspended, limited or disciplinary action taken by a licensing authority of any state, agency of the US 
   government, territory of the US or country? Yes ______ No ________
   If yes, where: ________________________________________________________________
   (If answer is yes, please attach certified/dated copy of board order and/or governmental agency disciplinary action and 
   explanatory letter. Note if previously submitted to KSBN and give KSBN case number. Do not send a second copy)

16. List other states, territories or countries in which you have been licensed and the type of Nursing 
   license you held (RN, LPN, APRN): (If additional pages needed, sign and date each attached page)
   ____ Not applicable

   State/Type    License #    Year of Issue
   State/Type    License #    Year of Issue
   State/Type    License #    Year of Issue
   State/Type    License #    Year of Issue

17. Role of Advanced Practice Registered Nurse in which you seek license to practice: (Please submit 
    separate application for each role)

    Nurse Practitioner ____ Nurse Midwife ____ Clinical Nurse Specialist ____ Nurse Anesthetist ____

    If applying for Nurse Practitioner or Clinical Nurse Specialist, specify specialty area:

    _____ Acute Care    _____ Medical – Surgical
    _____ Adult        _____ Neonatal
    _____ Community Health    _____ Pediatric
    _____ Family    _____ Psychiatric-Mental Health
    _____ Gerontology    _____ Women’s Health
    _____ Other, Specify: ____________________

18. Kansas RN License Number __________________

   Or    Check here if submitting application for endorsement __________________

19. RNA only: Date of successful completion of certifying exam given by Council on Certification of Nurse 
   Anesthetists (MM/DD/YYYY)
   Certificate number __________________________ (or)

   If you are a new graduate: AANA ID Number: __________________________
   Date you will be taking the exam: __________________________ (MM/DD/YYYY)

20. Are you currently practicing in the advanced role? Yes ________ No ________
    If yes, describe the practice setting and professional responsibilities within the practice setting:

    Name and address of practice setting:
A temporary permit may be obtained when:

- Degree has not yet been posted on applicant’s transcript;
- Applicant is awaiting completion of board review of educational credentials;
- Applicant is awaiting completion of RN endorsement into Kansas; or,
- RNA applicant awaiting results of initial certification exam.

21. Do you wish to obtain a Temporary Permit while completing license requirements?
   Yes ________ No ________

If yes, please place a checkmark next to the appropriate situation below:

- _____ Recently completed a program. A letter from the Dean of Nursing indicating all degree requirements have been met is attached or has been mailed separately to the board office.
- _____ Copy of current certification/licensure in another state is attached. The attached copy of license is a true and accurate record of current certification/licensure.  (State)
- _____ Copy of current specialty certification by an approved National Certification organization is attached

Being duly sworn, I state I am the person who is referred to in this record of this Advanced Practice Application in the state of Kansas, that the statements therein are strictly true in every respect, that I have complied with all requirements of law, and that I have read and understand this affidavit.

_______________________________________ ___________________
Signature of Applicant            Date

AFFIDAVIT TO BE COMPLETED BY A NOTARY PUBLIC

State of ____________________________, County of ______________________ ss.

SUBSCRIBED AND SWORN TO before me, this _____ day of ____________________________, 20_______.

_______________________________________
Signature of Notary Public

My Commission Expires ___________________________ (NOTARY PUBLIC SEAL)

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

Date of License: ________________   License Number: ________________

Interested in volunteering your skills in a disaster or other emergency? Register on K-SERV, a new database designed to improve volunteer management during disasters. Go to https://kshealth.kdhe.state.ks.us and select "login or register for K-SERV."