

# Nevada State Board of NURSING

## Application for Renewal

**Return to:** Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6576  
Toll free (888) 590-6726 | fax (775) 687-7707 | nursingboard@nsbn.state.nv.us  
www.nevadanursingboard.org

This renewal application with the appropriate fee (see fee table on reverse) must be received on or before the end of the business day on which your current license expires. **Nevada has no grace period**—if your application is received after your license expires, you must include a late fee of \$100. Fees are not refundable (NRS 632.345).

*To practice nursing in Nevada, you must hold an active Nevada license.*

**No license card will be mailed. You may verify your current licensure status on our website.**

License Type	RN LPN APRN	Certificate Type	CRNA EMS
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**First Name**

**Last Name**

check if new address

**Mailing Address** (if you move, you must notify the Board within 30 days in writing, or via the Board's website)

**City**

**State**

**ZIP Code**

**Telephone #**

**License #**

**Social Security #**

**Date of Birth**

**Email Address**

**I wish to place my license on inactive status (NO FEE REQUIRED):** Yes (Effective Date: ) No  
*If you marked "Yes," you need not complete the rest of the form. If you marked "No," please complete the entire form.*

If you wish to renew your license, please answer all questions.

It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation. Incomplete applications will be returned to you for completion and this delay may cause your license to lapse.

### Section 1. General

Yes	No	I am subject to a court order that requires me to pay for the support of one or more children.	
Yes	No	N/A	I am in compliance with that court order. (If you answered <i>No</i> to the question above, mark N/A.)
Yes	No	My name has changed and I have not notified the Nevada State Board of Nursing. Please attach a completed name change form to this application. (Visit Board website or call for form.)	
Yes	No	I have a Nevada state business license. If the answer is Yes, my state business license as assigned by the Nevada Secretary of State is:	

### Section 2. Practice and Education

I last practiced nursing on this date?		In what state?	(You must indicate a date. Phrases such as TODAY, CURRENTLY, PRESENTLY, STILL PRACTICING, etc. will cause a delay in processing your application.)
Yes	No	I affirm (swear) I have completed 30 hours of CE within the renewal period. (Retain certificates for 4 years in case of audit.)	
Yes	No	I affirm (swear) I have completed the one-time 4 hour bioterrorism CE. (Retain certificate indefinitely in case of audit.)	
Yes	No	I affirm (swear) that I have knowledge of and am in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.	
Yes	No	Pursuant to state law, I am aware that I am a mandatory reporter of child abuse.	

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(If you answer "Yes" to any of Questions 1 through 5 below, you must attach a written explanation.)

Yes	No	<p>1. <b>GjBW'nci f' dfYj]ci g'BYj UXU'jWbgYk Ug]ggi YXZ</b>has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <ul style="list-style-type: none"> <li>a. Ever been denied?</li> <li>b. Ever been disciplined including but not limited to reprimanded, censured, fined, suspended, revoked, limited or restricted, or placed on probation or monitoring?</li> <li>c. Ever been subject to a non-disciplinary probation or monitoring program?</li> </ul> <p><b>UbX#f</b></p> <ul style="list-style-type: none"> <li>d. Are you the subject of a current investigation or inquiry in any state or jurisdiction?</li> <li>e. Are you the subject of a pending hearing, settlement or action in any state or jurisdiction?</li> </ul> <p>If <b>Ubn</b> answer is Yes, you must submit the following:</p>
Yes	No	<p>2. <b>GjBW'nci f' dfYj]ci g'BYj UXU'jWbgYk Ug]ggi YXZ</b>have you had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p>If the answer is <b>Y^.</b>, you must submit with this application:</p> <ul style="list-style-type: none"> <li>a. <b>Ubn</b> answer is Yes, you must submit the following:</li> <li>b. <b>Ubn</b> answer is Yes, you must submit the following:</li> </ul>
Yes	No	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p>If the answer is <b>Y^.</b>, you must submit with this application:</p> <ul style="list-style-type: none"> <li>c. <b>Ubn</b> answer is Yes, you must submit the following:</li> <li>d. <b>Ubn</b> answer is Yes, you must submit the following:</li> <li>e. <b>Ubn</b> answer is Yes, you must submit the following:</li> </ul>
Yes	No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse, or addiction?</p> <p>If the answer is <b>Y^.</b>, you must submit with this application:</p> <ul style="list-style-type: none"> <li>a. <b>Ubn</b> answer is Yes, you must submit the following:</li> <li>b. <b>Ubn</b> answer is Yes, you must submit the following:</li> <li>c. <b>Ubn</b> answer is Yes, you must submit the following:</li> </ul>
Yes	No	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p>If the answer is <b>Y^.</b>, you must submit with this application:</p> <ul style="list-style-type: none"> <li>a. <b>Ubn</b> answer is Yes, you must submit the following:</li> <li>b. <b>Ubn</b> answer is Yes, you must submit the following:</li> </ul>

**Section 4. For APRN Renewal Only**

Yes	No	I wish to place my APRN license on inactive status. NO FEE REQUIRED.
Yes	No	I affirm (swear) that during the previous five years, I have worked 1,000 hours as an APRN.
Yes	No	I have not practiced as an APRN for more than two years or 2,000 hours and I must work under protocols to prescribe Schedule II Controlled Substances with a collaborating physician.
Yes	No	I affirm (swear) that within the renewal period, I have completed 15 contact hours of CE related to my specialty. In addition to 30 CEs required to renew my RN license. (Retain certificates for 4 years in case of audit.)
Yes	No	Have you been named a defendant in a malpractice suit in the previous two years?
Yes	No	Have you had your privileges limited, suspended, or revoked in the previous two years?
My current practice site is _____ My DEA # _____ expires on: _____ I am currently nationally certified by _____ for the role of NP NM CNS in the population of: family/individual across the life span adult-gerontology neonatal pediatrics women's health psychiatric-mental health		
My collaborating physician (if applicable) is _____ NV license # _____ Collaborator's specialty _____ Date collaboration commenced _____		

**Section 5. For CRNA Renewal Only**

Yes	No	I wish to place my CRNA certificate on inactive status NO FEE REQUIRED.
Yes	No	I affirm (swear) that I am in compliance with the continuing education requirements of NAC 632.540.
Yes	No	Have you been named a defendant in a malpractice suit in the past two years?
Yes	No	Have you had your privileges limited, suspended, or revoked in the past two years?

**Section 6. For EMS/RN Renewal Only**

Yes	No	I affirm (swear) I am currently certified in advanced life support procedures for adult patients.
Yes	No	I affirm (swear) I am currently certified in advanced life support procedures for pediatric patients.
Yes	No	I affirm (swear) I am currently certified in advanced life support procedures for patients with trauma that are administered before arrival of those patients at a hospital in a program that is approved by the Board.

Affirmation. All Applicants Must Complete

**I affirm (swear) that I have read this application and the statements made are true and correct.**  
*If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Fees		
RN	\$100.00	You may pay by credit/debit card (Visa, MasterCard, Discover, American Express), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing or <b>NSBN</b> . Remit US funds only.
LPN	\$100.00	
Late Fee	\$100.00	
APRN	\$200.00	
CRNA	\$200.00	
RN+APRN	\$300.00	
RN+CRNA	\$300.00	

**Before you submit your application, please make sure you**

- Have answered ALL the questions in the top portion and Sections 1 through 3, the relevant questions in Sections 4 through 6, and signed the Affirmation
- have included all required documentation
- have included the correct fee(s)
- have included your current mailing address
- have submitted fingerprints, if required by the Board

*Nevada does not issue hard card licenses. After your renewal is processed, no card will be mailed. You may verify your current licensure status at [www.nevadanursingboard.org](http://www.nevadanursingboard.org)*

If paying by credit card, please complete

Visa	MasterCard	Discover	American Express
Card Number _____	Expiration Date _____	Amount \$ _____	
Name on card _____			