

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

First Name

Last Name

Mailing Address (if you move, please notify the Board immediately, in writing, or via the Board's website)

check if new address

City

State

ZIP

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 <i>Yes</i> , 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? MM/DD/YY		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.	

Section 3. Eligibility Screening Questions

(If you answer "Yes" to any of the questions below, you must attach a written explanation.)

Yes	No	<p>1. Since your previous Nevada license/certificate was issued, 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> <ol style="list-style-type: none">Been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring?Been subject to a non-disciplinary probation or monitoring program? AND/ORIs your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"><i>A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and</i><i>Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.</i>
Yes	No	<p>2. Since your previous Nevada license/certificate was issued, have you had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"><i>A detailed letter of explanation including the events leading to your conviction; and</i><i>Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole or Probation Officer, etc.).</i>
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><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"><i>A letter of explanation that addresses the impairment or limitations of practice; and</i><i>If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</i>
Yes	No	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"><i>A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</i><i>Documentation from knowledgeable individual(s) documenting your length of sobriety; and</i><i>Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</i>
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><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"><i>A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</i><i>Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</i>
Yes	No	<p>6. Since your previous Nevada license/certificate was issued have you had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"><i>A detailed letter of explanation regarding the events leading to the suit; and</i><i>A copy of the complaint and current status of the case.</i>

Section 4. For APRN Renewal Only

Yes	No	I wish to place my APRN license on inactive status. NO FEE REQUIRED. <i>If yes, do not complete the rest of this section. If no, please complete the rest of this section.</i>
Yes	No	I affirm (swear) that during the previous five years, I have worked 1,000 hours in my area of specialization.
Yes	No	I affirm (swear) that within the renewal period, I have completed 15 contact hours of CE related to my specialty. (Retain certificates for 4 years in case of audit.)
Yes	No	I affirm (swear) that I currently have prescribing privileges. <i>If yes, you must submit a copy of your current DEA certificate to the Board of Nursing within 30 days of the date of this application.</i>
Yes	No	I affirm (swear) that I currently have Schedule II prescribing privileges.
Yes	No	I affirm (swear) that I am enrolled in Nevada's Prescription Monitoring Program. <i>This is a requirement for APRNs with Schedule II prescribing privileges only.</i>
Yes	No	I affirm (swear) that I have practiced as an APRN for less than two years or 2,000 hours.
Yes	No	I affirm (swear) that I have a written protocol with a collaborating physician to prescribe schedule II controlled substances. <i>This is a requirement for APRNs that have practiced less than two year or 2,000 hours. If yes, you must submit a copy of your current protocol to the Board of Nursing within 30 days of the date of this application</i>
<p>My current practice site is, Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Phone: _____</p>		
<p>My collaborating physician (if applicable) is:</p> <p>Collaborator's full name _____ Date collaboration commenced _____</p> <p>Collaborator's license # _____ Collaborator's specialty _____</p>		
Yes	No	I affirm (swear) that I currently hold national certification. <i>If yes, you must submit a copy of your current national certification to the Board of Nursing within 30 days of the date of this application.</i>
Yes	No	I affirm (swear) that I currently have dispensing privileges. <i>If yes, you must submit a copy of your current Board of Pharmacy dispensing certificate to the Board of Nursing within 30 days of the date of this application.</i>

Section 5. For CRNA Renewal Only

Yes	No	I wish to place my CRNA certificate on inactive status NO FEE REQUIRED. <i>If you marked yes, do not complete the rest of this section. If you marked no, please complete the rest of this section.</i>
Yes	No	I affirm (swear) that I am in compliance with the continuing education requirements of NAC 632.540.
Yes	No	I affirm (swear) am currently nationally certified as a nurse anesthetist from AANA or NBCRNA. <i>If yes, you must submit a copy of your current national certification to the Board of Nursing within 30 days of the date of this application.</i>
Yes	No	I affirm (swear) that I have practiced as a CRNA during the previous 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 NSBN . 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

If paying by credit card, please complete

Visa MasterCard Discover American Express

Card Number _____ Expiration Date _____

Name on card _____ Amount \$ _____