

### **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 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.

Certificate Type: CRNA O EMS O

First Name

| Last Name |
| Social Security # Telephone | Date of Birth |
| Mailing Address (This address will become your permanent address of record.) |
| Apt. |
| City | State | ZIP |
| License # \_\_\_\_ | Email Address \_\_\_\_ |

I wish to place my license on inactive status (NO FEE REQUIRED): Yes O No O

License Type: RNO LPNO APRNO

If you marked "Yes," you need not complete the rest of the form. If you marked "No," please complete the entire form.

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

### Section 1. General

Yes O	No O	am subject to a court order that requires me to pay for the support of one or more children.	
Yes O	No O	I/A O I am in compliance with that court order. (If you answered <i>No</i> to the question above, mark N/A.)	
Yes O	No O	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 O	No O	I have a Nevada state business license.	

### Section 2. Practice and Education

I last pra	cticed n	ursing 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 O	No O	I affirm (swear) I have	completed 30 ho	ours of CE within the prev	ious two years.(Retain certificates for 4 years in case of audit.)
Yes O	No O	I affirm (swear) I have	completed the o	ne-time 4 hour bioterroris	m CE. (Retain certificate indefinitely in case of audit.)
Yes O	No O	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 O	No O	Pursuant to state lav	v, I am aware tha	at I am a mandatory repo	orter of child abuse.

Section 3. Eligibility Screening Questions
(If you answer "Yes" to any of Questions 1 through 6 below, you must attach a written explanation.)

(II you	this well res to any or Questions i through o below, you must attach a written explanation.)
Yes O	No O  1. Since your previous Nevada license/certificate was issued/renewed, 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):
	<ul> <li>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?</li> </ul>
	<ul> <li>b. Been subject to a non-disciplinary probation or monitoring program? AND/OR</li> <li>c. Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction?</li> </ul>
	If any answer is Yes, you must submit the following:  1. A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and
	<ol> <li>Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.</li> </ol>
Yes O	No O 2. Since your previous Nevada license/certificate was issued/renewed, have you had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?
	<ul> <li>If the answer is Yes, you must submit the following:</li> <li>1. A detailed letter of explanation including the events leading to your conviction; and</li> <li>2. 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.).</li> </ul>
Yes O	No O 3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?
	<ul> <li>If the answer is Yes, you must submit:</li> <li>1. A letter of explanation that addresses the impairment or limitations of practice; and</li> <li>2. 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.</li> </ul>
Yes O	No O 4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?
	<ol> <li>If the answer is Yes, you must submit:         <ol> <li>A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</li> <li>Documentation from knowledgeable individual(s) documenting your length of sobriety; and</li> <li>Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</li> </ol> </li> </ol>
Yes O	No O 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?
	<ol> <li>If the answer is Yes, you must submit:         <ol> <li>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</li> <li>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.</li> </ol> </li> </ol>
Yes O	No O 6. Since your previous Nevada license/certificate was issued/renewed have you had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?
	If the answer is Yes, you must submit: 1. A detailed letter of explanation regarding the events leading to the suit; and 2. A copy of the complaint and current status of the case.

# Section 4. For APRN Renewal Only

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Yes O	No O	I wish to place my APRN license on inactive status. NO FEE REQUIRED. If yes, do not complete the rest of this section. If no, please complete the rest of this section.
Yes O	No O	I affirm (swear) that during the previous five years, I have worked 1,000 hours in my area of specialization.
Yes O	No O	I affirm (swear) that within the renewal period, I have completed 15 contact hours of CE related to my specialty.
Yes O	No O	I affirm (swear) that within the previous 4 years, I have completed 2 contact hours of CE on evidence-based suicide prevention and awareness. (These hours may be included in the 15 contact hours related to your specialty)
Yes O	No O	I affirm (swear) that I currently have dispensing privileges.
Yes O	No O	I affirm I have completed at least 2 hours of training related specifically to the misuse and abuse of controlled substances. (Only for applicants with dispensing privileges; these hours may be included in the 15 contact hours related to your specialty)
Yes O	No O	I affirm (swear) that I currently hold national certification. 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.
Yes O	No O	I affirm (swear) that I currently have prescribing privileges. 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.
Yes O	No O	I affirm (swear) that I currently have Schedule II prescribing privileges.
Yes O	No O	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 O	No O	I affirm (swear) that I have practiced as an APRN for less than two years or 2,000 hours.
Yes O	No O	I affirm (swear) that I have a written protocol with a collaborating physician to prescribe schedule II controlled substances. 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
My curr	ent prac	ctice site is, Name:
		Address:
		City: State: Zip:
		Phone:
My colla	aboratin	g physician, if applicable, is (Name): (License #)
Collabo	rator's s	specialty Date collaboration commenced

## Section 5. For CRNA Renewal Only

	<del>••••</del>	
Yes O	No O	I wish to place my CRNA certificate on inactive status NO FEE REQUIRED. If you marked yes, do not complete the rest of this section. If you marked no, please complete the rest of this section.
Yes O	No O	I affirm (swear) that I am in compliance with the continuing education requirements of NAC 632.540.
Yes O	No O	I affirm (swear) am currently nationally certified as a nurse anesthetist from AANA or NBCRNA. 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.
Yes O	No O	I affirm (swear) that I have practiced as a CRNA during the previous two years.

## Section 6. For EMS/RN Renewal Only

Yes O	No O	I affirm (swear) I am currently certified in advanced life support procedures for adult patients.
Yes O	No O	I affirm (swear) I am currently certified in advanced life support procedures for pediatric patients.
Yes O	No O	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.

V 0	1 <i>7</i> . IVIIIII	itary Status			
Yes O	No O	I am an active United States military memb	er or a United States military veteran		
Yes O	No O	I am the spouse of an active United States	military member or surviving spouse of a veteran.		
Yes O	No O	Have you ever served on active duty in the under conditions other than dishonorable?'	Armed Forces of the United States and separated from such servi		
Yes O	No O		minimum of 6 continuous years in the National Guard or a reserve ted States and separated from such service under conditions other		
Yes O	No O	Have you ever served the Commissioned Corps of the United States Public Health Service or the Commissioned Corps of the National Oceanic and Atmospheric Administration of the United States in the capacity of a commissioned officer while on active duty in defense of the United States and separated from such service under conditions other than dishonorable?"			
Affirma	tion.	All Applicants Must Complete			
numk	ber below	ear) that I have read this application and the w, I authorize the application fee be charged to tha			
		process. Due to various factors, it may take up to	fingerprint you will be issued a 6 month renewal to allow you to complete the four months for the Board to receive the official fingerprint results from the efore, you are encouraged to fingerprint immediately.		
Food			<u> </u>		
	Fee N A	\$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.			
RN LPN Late I APRI CRNA RN+A	Fee N A APRN CRNA	\$100.00 card (Visa, MasterCard, \$100.00 Discover, American Express), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing or NSBN. Remit			
RN LPN Late I APRI CRN/ RN+/ RN+/	Fee N A APRN CRNA	\$100.00 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.			
RN LPN Late I APRI CRN/ RN+A RN+C	Fee N A APRN CRNA ng by cr	\$100.00 card (Visa, MasterCard, \$100.00 Discover, American \$100.00 Express), personal or cashier's check, or money order, made payable to the Nevada State Board of Nursing or NSBN. Remit US funds only.	Expiration Date		