



**ARKANSAS STATE BOARD OF NURSING  
DEPARTMENT OF ENFORCEMENT**



**REINSTATEMENT REQUEST**

You are required to have an Arkansas Nurse Portal Account. Please go to [www.arsbn.org](http://www.arsbn.org) and click on Create Nurse Portal Account.

Please complete the following and submit within the Nurse Portal Message Center –  
Discipline/Reinstatement:

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Current address: \_\_\_\_\_

Current phone number: \_\_\_\_\_

Current email: \_\_\_\_\_

Employed? \_\_\_\_\_ Name of employer: \_\_\_\_\_

Requesting Reinstatement From (circle one): Voluntary Surrender

Summary Suspension

Cease Desist

Other:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)