



Arkansas Department of Health

Arkansas State Board of Nursing
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Governor Asa Hutchinson
José R. Romero, MD, Secretary of Health
Sue A. Tedford, MNsc, APRN, Director

EXPEDITED RENEWAL APPLICATION

This application is for nurses requesting to renew an existing inactive/expired Arkansas license. Complete requested information and upload to your account in the Arkansas Nurse Portal in the Message Center with the category of "Renewals." Continuing education requirements will be waived. **NOTE: The issued license will be single-state and valid for three (3) months. NO FEE.**

Full Legal Name _____
Address _____ City _____ State _____ Zip _____
Gender _____ City of Birth _____ Country of Birth _____
License number _____ Social Security number _____
Phone number-primary (____) _____ Phone number-additional (____) _____

Since your last renewal, have you had any disciplinary action on a nursing license or a privilege to practice in any state, jurisdiction, country, or province? Yes No

Since your last renewal, do you have an investigation or complaint pending on a nursing license or a privilege to practice in any state, jurisdiction, country, or province? Yes No

Since your last renewal, do you have any condition or impairment (including, but not limited to, substance abuse, alcohol abuse, or a mental disorder or condition) which in any way currently affects or limits your ability to practice safely and in a competent and professional manner? Yes No

Are you currently a participant in an alternative to discipline, diversion, or a peer assistance program? (This includes all confidential programs) Yes No

Since your last renewal, have you been convicted of a misdemeanor or felony, pled guilty or nolo contendere to any charge in any state, jurisdiction, country or province? (With the exception of DWI, traffic violations do not constitute a crime) Yes No

Since your last renewal, has any licensing or regulatory authority in any state, jurisdiction, country, or province ever revoked, annulled, canceled, accepted surrender of, suspended, placed on probation, refused to renew or otherwise discipline on any other professional or occupational license, certificate, nurse aide registration or multistate privilege to practice that you have held? If yes, name the type of license/certificate. Yes No

I affirm that I understand the instructions, terms and conditions as set forth in this application, that I am the person referred to and I have personally completed this application, and that it is true, correct, and complete to the best of my knowledge. Further I understand that by submitting this application it constitutes agreement with the Attestation Statement.

Digital Signature