

# Arkansas State Board of Nursing

University Tower Building  
1123 South University Avenue, Suite 800  
Little Rock, Arkansas 72204

PHONE 501.686.2700  
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[www.arsbn.org](http://www.arsbn.org)

## INSTRUCTIONS FOR COMPLETION OF RETIRED NURSE APPLICATION

Please read below as it informs those within the nursing profession and the public about the requirements for obtaining and maintaining a retired nurse or “nurse emeritus” license.

**“Definition of Emeritus** - “One retired from professional life but permitted to retain as an honorary title the rank of the last office held” (*Merriam-Webster’s Collegiate Dictionary*, 1978, p. 378.)

- Any licensee in good standing, who desires to retire for any length of time from the practice of nursing in this state may submit a retired nurse application, surrender the current license, and pay the required fee and the current license will be placed on inactive status and a retired license issued.
- A retired license will be renewed biennially following submission of a renewal application and fee. The retired licensee will continue to receive newsletters and publications from the State Board of Nursing.
- The current fee for obtaining and renewing a retired nurse license is \$10.00.
- While retired, the licensee cannot practice nursing, however:
  - (1) An advanced practice nurse with a retired nurse license may use the title “Advanced Practice Nurse”, or the abbreviation “APN” to include specific specialty title; and
  - (2) A registered nurse with a retired nurse license may use the title “Registered Nurse”, or the abbreviation “RN”; and
  - (3) A practical nurse with a retired license may use the title “Licensed Practical Nurse”, or the abbreviation “LPN”; and
  - (4) A psychiatric technician nurse with a retired license may use the title “Licensed Psychiatric Technician Nurse”, or the abbreviation “LPTN”.
- Please note that the Arkansas State Board of Nursing renews licenses on a staggered biennial birth date system.
- When the licensee desires to resume practice, he or she may request a renewal application, which must be completed and submitted with a reinstatement fee and the active renewal fee. Contact the Board of Nursing regarding continuing education requirements for return to active practice.
- If the retired license is allowed to lapse, the licensee cannot hold himself or herself out as an APN, RN, LPN, or LPTN and must pay a reinstatement fee in addition to the fee required for renewal of the retired nurse license.
- When disciplinary proceedings have been initiated against a retired licensee, the license shall not be reinstated until the proceedings have been completed.
- For more information regarding the Arkansas State Board of Nursing *Rules*, see our website at [www.arsbn.org](http://www.arsbn.org).

### RETIRED NURSE APPLICATION FORM

- A. The license must be in active or inactive status to apply for the Retired Nurse License. A license cannot be transferred from “expired” status to obtain the Retired Nurse License.
- B. “Primary State of Resident” means the state of a person’s declared fixed permanent and principal home for legal purposes; domicile. The following items could be requested as proof of primary state of residence: driver’s license, voter registration card, federal income tax return.
- C. Sign the application. By signing the application the licensee fully understands that he/she **CANNOT** practice nursing while maintaining a retired nurse license.
- D. Attach the **\$10.00** fee for each license to the application with a paperclip. In-state personal checks and credit cards are accepted. Please note that **FEES ARE NON-REFUNDABLE**.
- E. Return completed application form and fee to the Arkansas State Board of Nursing office.

# ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING  
1123 SOUTH UNIVERSITY, SUITE 800  
LITTLE ROCK, ARKANSAS 72204

501.686.2700 • 501.686.2714 fax • www.arsbn.org

## RETIRED NURSE APPLICATION

I hereby make application for Arkansas licensure as a retired nurse.

Full Name \_\_\_\_\_  
 (MISS, MS., MRS., OR MR)      FIRST      MIDDLE      MAIDEN      LAST

Address \_\_\_\_\_  
 STREET      CITY      STATE      ZIP

Mailing address \_\_\_\_\_  
 STREET/P.O.BOX      CITY      STATE      ZIP

Date of Birth \_\_\_\_\_      Place of Birth \_\_\_\_\_  
 Month      Day      Year      City      State

Social Security Number \_\_\_\_\_      Telephone No. (      ) \_\_\_\_\_

### LICENSURE

Check appropriate box(es):

APN

RN

LPN

LPTN

Arkansas Nursing License Number(s) \_\_\_\_\_

I declare my primary state of residence to be

Arkansas

Other State (specify) \_\_\_\_\_  
(Documentation may be required)

**Retired nurse license \$10.00**

### METHOD OF PAYMENT

- In-state personal check
- Money order/cashiers check
- Credit card

**FEES IS NONREFUNDABLE**

### CREDIT CARD INFORMATION

Complete below if paying by credit card. There is a nominal processing fee (listed below) assessed with paying your fees by credit card. The Arkansas State Board of Nursing does not receive any portion of the processing fee.

Type of card      Visa       MasterCard       Discover

Cardholder's Name \_\_\_\_\_

Cardholder's billing address \_\_\_\_\_

\_\_\_\_\_      City      State      Zip

Credit Card # \_\_\_\_\_

Expiration date      mm / yyyy      Amount Paid \_\_\_\_\_

Signature \_\_\_\_\_

\*Processing fee - Retired nurse license - \$0.30

I hereby certify that I am the person who is referred to in the foregoing application for retired nurse licensure in the State of Arkansas; that the statements herein contained are true in every aspect; that I have complied with all requirements of the law; that I CANNOT PRACTICE NURSING while maintaining a retired nurse license; and that I have read and understand this application. I understand that if the processing of this application is not completed, the application becomes null and void one year from date received and that all fees are non-refundable. I also understand that falsification of this form is grounds for disciplinary action against my license.

FOR OFFICE USE ONLY  
 AR CERT. NO. \_\_\_\_\_  
 DATE \_\_\_\_\_

\_\_\_\_\_  
 APPLICANT'S SIGNATURE

\_\_\_\_\_  
 DATE