



Arkansas State Board of Nursing

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

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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. Your first retired nurse license will be valid from 91 days to two years depending upon your birth date.
- 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.

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.

FALSIFICATION OF THIS FORM IS GROUNDS FOR DISCIPLINARY ACTION
AGAINST YOUR LICENSE.

ARKANSAS STATE BOARD OF NURSING

UNIVERSITY TOWER BUILDING
1123 SOUTH UNIVERSITY, SUITE 800
LITTLE ROCK, ARKANSAS 72204
501.686.2700
www.arsbn.org

FOR OFFICE USE
AR CERT. NO. _____
DATE _____

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)

METHOD OF PAYMENT:

Credit Card Money Order/Cashiers Check

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 _____

Credit Card #

Expiration date / Amount Paid

Signature _____

*Processing fee - Retired Nurse Applications - \$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.

APPLICANT'S SIGNATURE

DATE