



**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 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 (check one): Voluntary Surrender

Suspension

Cease Desist

Other:

(Print Name)

(Signature)

(Date)