



Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204
(501) 686-2700 • Fax (501) 686-2714

REINSTATEMENT REQUEST

You are required to have an Arkansas Nurse Portal account. Go to www.arsbn.org and click on Arkansas Nurse Portal.

Complete the following and submit within the Nurse Portal Message Center – Discipline/Reinstatement

Name _____ License number _____

Address _____

Phone number _____ Email _____

Employed? _____ Name of employer _____

Requesting Reinstatement from (check one):

Voluntary Surrender

Suspension

Cease/Desist

Other _____

Print name _____

Signature _____

Date _____

Submit this completed document through your Arkansas Nurse Portal account.