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## KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300  
Louisville, Kentucky 40222-5172



Steven L. Beshear  
Governor

### Probation/Parole/Drug Court Verification Form

**Participant Name:** \_\_\_\_\_

- KARE
- Probation

**Purpose:** To verify knowledge of the terms of the KARE for Nurses Program Agreement/Agreed Order/Board Decision and to ensure the licensee's compliance with all aspects of the terms.

**Directions:** Please complete and return this form directly to the Kentucky Board of Nursing Compliance Section, Consumer Protection Branch, following discussion of the terms with the participant.

**Participant Kentucky Board of Nursing License Number:** \_\_\_\_\_

I verify that the above named participant, \_\_\_\_\_,  
has given me a copy of his/her KARE for Nurses Program Agreement/Agreed Order/Board Decision, and  
we have discussed the terms of the said document.

\_\_\_\_\_  
**Name (Print)**

\_\_\_\_\_  
**Name (Signature)**

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM TO COMPLIANCE SECTION, CONSUMER PROTECTION BRANCH**

8/21/2006  
jmc