

**Kentucky Board of Nursing  
Request for Advisory Opinion**

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

Licensee's Name: \_\_\_\_\_

Licensee's Address: \_\_\_\_\_  
\_\_\_\_\_

Licensee's E-Mail Address: \_\_\_\_\_

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

1. The specific question or issue for which the opinion is requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The event/situation that precipitated the question or issue:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. The specific statutes and/or regulations which are applicable to the question or issue:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Licensee's Signature

Mail or Deliver to: Sharon Eli Mercer, MSN, RN NEA, BC  
KBN Nursing Practice Consultant  
312 Whittington Pkwy, Suite 300  
Louisville, KY 40222

For questions contact Ms. Mercer at: (502)429-3307; or [SharonE.Mercer@ky.gov](mailto:SharonE.Mercer@ky.gov)

Approved 2/2010