

502-429-3300
800-305-2042
FAX 502-429-3311

KENTUCKY BOARD OF NURSING

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

Steven L. Beshear
Governor



Employer Verification Form

Participant Name: _____

- KARE
- Probation

Purpose: To certify the employers' 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: When employed as a nurse, each employer shall complete and return this form directly to the Kentucky Board of Nursing Compliance Section, Consumer Protection Branch, following discussion of the terms with the nurses' Case Manager.

Participant Kentucky Board of Nursing License Number: _____

I certify that the above named participant, _____,
was employed by this facility on _____ as a _____
(month/date/year) (employment position)

I have discussed the terms of the KARE for Nurses Program Agreement/Agreed Order/Board Decision for this Participant as ordered by the Kentucky Board of Nursing.

(Print) Director of Nursing

(Signature) Director of Nursing

(Print) Immediate Supervisor

(Signature) Immediate Supervisor

Name of Facility: _____

Address: _____

Telephone Number: _____ Date: _____

RETURN THIS FORM TO COMPLIANCE SECTION, CONSUMER PROTECTION BRANCH

8/21/2006
jmc