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KENTUCKY BOARD OF NURSING

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Steven L. Beshear
Governor

PAPER APPLICATION REQUEST FORM

REINSTATEMENT APPLICATION

Return this form with a check or money order in the amount of $40 and an application will be mailed to you. The $40 paper application request fee is in addition to the application fee. All information on this form must be completed. **REQUEST FORM FEES ARE NON-REFUNDABLE**.

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Last Name (print clearly) First Name (print clearly)

Social Security Number or Kentucky License Number

Address Line 1

Address Line 2

City State Zip Code

Phone Number (include are code)

Date signed Signature

rk 07/2010