



VOLUNTARY RELINQUISHMENT OF A LICENSE OR CREDENTIAL

Last Name _____

First Name _____

Street Address _____

Street Address _____

State _____ Zip Code _____

Telephone Number _____

I am voluntarily relinquishing my (mark all that apply)

RN

LPN

ARNP

SANE

License/Registration/Credential or SSN #

201 KAR 20:510. Voluntary relinquishment of a license or credential provides that a license or credential may be voluntarily relinquished unless the person is currently under investigation.

You will receive notification of the date your license/credential status is changed to an expired status. Once your license has expired, you may not practice as a nurse in Kentucky unless you reinstate your license to an active status or hold a current license in another compact state.

201 KRS 314.03(1) provides:

It shall be unlawful for any person to call or hold herself or himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed under the provision of this Chapter.

201 KRS 314.042 (5) provides:

Any person who holds a registration and designation to practice as an advanced registered nurse practitioner in this state shall have the right to use the title "advanced registered nurse practitioner" and the abbreviation "ARNP."

Any person in violation of 201 KRS 314.03(1) may be subject to criminal prosecution by KBN.

By signing this document, I affirm that I have read and understand by voluntarily relinquishing my license/registration/credential, I am giving up the legal right to practice as a nurse in Kentucky and to use the legal title associated with the license I am relinquishing. I further understand that no fees are returnable and that to regain the right to practice nursing in Kentucky, I must reinstate my license.

Signature

Date