

Kentucky Board of Nursing  
312 Whittington Pky Ste 300  
Louisville KY 40222-5172  
502-429-3300 800-305-2042

# CERTIFICATE OF LICENSURE ORDER FORM

Office Use Only

Complete (type or print) the following information to order a licensure certificate (11" x 8.5") suitable for framing. The cost is \$30 per certificate to be paid by check/money order (payable to the Kentucky Board of Nursing) or credit card (Visa or MasterCard). Please allow 4-6 weeks for delivery.

\_\_\_\_\_  
Licensee's Last Name (print clearly)

\_\_\_\_\_  
Licensee's First Name (print clearly) Middle Initial

\_\_\_\_\_  
Address (print clearly)

\_\_\_\_\_  
City (print clearly) State Zip Code (print clearly)

\_\_\_\_\_  
Daytime Phone Number (print clearly)

\_\_\_\_\_  
Email Address (print clearly)

## CERTIFICATES AVAILABLE

- LPN Certificate LPN License Number: \_\_\_\_\_ Quantity: \_\_\_\_\_
- RN Certificate RN License Number: \_\_\_\_\_ Quantity: \_\_\_\_\_
- RN & APRN Certificate RN License Number: \_\_\_\_\_ Quantity: \_\_\_\_\_
- APRN Only Certificate APRN License #: \_\_\_\_\_ Quantity: \_\_\_\_\_
- RN & SANE Certificate RN License Number: \_\_\_\_\_ Quantity: \_\_\_\_\_
- SANE Only Certificate SANE Credential #: \_\_\_\_\_ Quantity: \_\_\_\_\_

Total Number of Certificates: \_\_\_\_\_ x \$30 each Amount Enclosed: \$ \_\_\_\_\_

**MAIL THIS ORDER FORM, ALONG WITH  
THE APPROPRIATE FEE, TO:**  
KY Board of Nursing – Certificate Request  
312 Whittington Pky., Ste. 300  
Louisville, KY 40222-5172

**If you wish to pay by credit card, please submit the following:**  
Card Type:  American Express  Discover  MasterCard  Visa  
Card Number: \_\_\_\_\_  
Security Code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
CITY STATE ZIP  
\_\_\_\_\_  
SIGNATURE

**IM USE ONLY:** KY Lic. Date: \_\_\_\_\_ Date Received: \_\_\_\_\_ Date Completed: \_\_\_\_\_ Completed By: \_\_\_\_\_