

# KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300  
Louisville, Kentucky 40222-5172  
kbn.ky.gov



502-429-3300  
800-305-2042  
Fax: 502-429-3311

Matthew G. Bevin  
Governor

## VERIFICATION OF LICENSURE TO AN ENTITY OR PERSON OTHER THAN A BOARD OF NURSING OR TO A BOARD OF NURSING OUTSIDE OF THE UNITED STATES REQUEST FORM

This form is to be completed by nurses who have or have held a Kentucky nursing license and/or advanced practice license. You must complete this form and return with a check or money order in the amount of \$50.00 made payable to the Kentucky Board of Nursing. Upon receipt of this request form and the correct fee, a verification of your Kentucky nursing license(s) will be sent to the entity you indicated in Box G (below). You may include the form that the state/entity supplied to you.

Should you have any questions regarding this service, contact KBN at 1-502-429-3330 or 1-800-305-2042, extension 7170.

A. APPLICANT'S FULL NAME (Last Name, First Name, Middle Name)	
B. OTHER NAMES USED	
C. SOCIAL SECURITY NUMBER	D. DATE OF BIRTH
E. KENTUCKY LICENSE # (If Known)	F. ISSUE DATE OF KY LICENSE (If Known)
G. NAME AND ADDRESS OF ENTITY OR PERSON TO RECEIVE VERIFICATION  NAME _____ OF _____ ENTITY: _____ ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____	
H. SIGNATURE	I. DATE
J. CONTACT PHONE NUMBER: ( ) _____ - _____ Area Code	