

**Kentucky Board of Nursing**  
312 Whittington Pky Ste 300  
Louisville KY 40222-5172  
Web Address: kbn.ky.gov

# 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

- |  |                           |                 |
|--|---------------------------|-----------------|
| <input type="checkbox"/> LCPM Certificate      | LCPM Number: _____        | Quantity: _____ |
| <input type="checkbox"/> LPN Certificate       | LPN License Number: _____ | Quantity: _____ |
| <input type="checkbox"/> RN Certificate        | RN License Number: _____  | Quantity: _____ |
| <input type="checkbox"/> RN & APRN Certificate | RN License Number: _____  | Quantity: _____ |
| <input type="checkbox"/> APRN Only Certificate | APRN License #: _____     | Quantity: _____ |
| <input type="checkbox"/> RN & SANE Certificate | RN License Number: _____  | Quantity: _____ |
| <input type="checkbox"/> SANE Only Certificate | SANE Credential #: _____  | Quantity: _____ |

**Total Number of Certificates:** \_\_\_\_\_

**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

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