

Kentucky Board of Nursing Compliance Branch/Monitoring Explanation of Paperwork/Forms

Below are descriptions of forms you may need for your KARE for Nurses Program Agreement, Agreed Order, or Board Decision. Not all forms will apply to every participant.

Please Note:

- Return all requested forms:
 - Via email to your Case Manager (preferred) or
 - Fax (502-429-1245) or
 - US Mail (addressed to the Board Office to your Case Manager's attention)
- Documents relative to the Compliance Branch and Monitoring are located on the Board's website in the Document Library at: <https://kbn.ky.gov/General/Pages/Document-Library.aspx>

Hint: On the Document Library page, to narrow the search for documents, please type the word *compliance* in the search document box to see available forms. Please note that the KARE Participant Handbook, APRN specific forms, and other resources are also located on the Document Library page.

- **Program Agreement / Agreed Order / Board Decision**

This is your agreement. It is very important that you understand all parts of this agreement. *Please contact your Case Manager if you have any questions.*

The following 8 "initial" forms are to be completed and submitted to your Case Manager within 10 days.

1. **Emergency Contact Form:**
2. **Employer List:**
 - Identify all current employers, even if you are not currently working there as a nurse.
3. **Legal/Court Appointed Providers**
 - Identify all legal or court appointed providers.
4. **Treating Practitioner List:**
 - Identify all health care providers i.e. physicians, dentists, and others from whom you receive care.

5. **Provider List:**
 - Identify all mental health providers and programs i.e. counselors, therapists, treatment providers.
6. **Medication Report:**
 - Include all current over-the-counter (OTC) and prescription medications. Your Case Manager must be informed of any additions or changes to this list.
7. **Medication Guide:**
 - This information is to serve as a guideline and is not meant to be inclusive of all medications. It is essential that you avoid the use of any medications with mood or mind altering effects, which include many OTC products. Please read carefully, sign/date the second page and return entire form to your Case Manager.
8. **Relapse Prevention Plan:** (required for KARE participants)
 - Identify and develop a plan of action in the event of a relapse.

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- **SPECTRUM COMPLIANCE/Affinity (the drug screening program designated by the Board) Document Information:**
 - The Kentucky Board of Nursing will be using the automated electronic tools in SPECTRUM COMPLIANCE/Affinity to accept and process the following reports:
 1. **Monthly Self Report**
 - This is an online report for KARE participants only. You must complete this report online in SPECTRUM COMPLIANCE/Affinity (*this is not a paper form*).
 2. **Monthly Meeting Documentation**
 - This form is used to log monthly 12-step meetings and record the Summary of Sponsor Contact. This form, once completed, must be uploaded and submitted into SPECTRUM COMPLIANCE/Affinity.
 3. **Prescription Medication Report**
 - This form is to be presented to your provider any time that you receive a prescription for any mood altering medication or recommendation to use any mood altering over-the-counter medication. The form is to be completed by the provider and uploaded to SPECTRUM COMPLIANCE/Affinity. Completion of this form is required for all mood altering medications prescribed or recommended to you. Please make copies of this blank form as needed.

The following forms are to be returned to your Case Manager in accordance with the terms in your KARE for Nurses Program Agreement, Agreed Order, or Board Decision:

- **Employer Verification Form**
 - This form is to be completed by your employer if you are employed in a nursing position. This is a one-time form unless employment changes.
- **Treating Practitioner Verification Form**
 - This form is to be completed by any provider who prescribes or recommends medications. This is a one-time form unless provider changes.
- **Counselor/Therapist Verification Form**
 - This form is to be completed by any provider who provides counseling or therapy services. This is a one-time form unless provider changes.

- **Academic Verification Form**
 - This form is to be completed by faculty if you are enrolled in a program of nursing. This is a one-time form unless nursing program changes.
 - **Probation/Parole/Drug Court Verification Form**
 - This form is to be completed by your probation/parole/drug court officer. This is a one-time form unless officer changes.
 - **Work Performance Evaluation**
 - This form is due three times a year and should be completed by your immediate supervisor.
 - **Counselor Evaluation**
 - This form is due three times a year and should be completed by your counselor/therapist.
 - **Academic Performance Evaluation**
 - This form is due three times a year and should be completed by nursing program faculty.
 - **Probation/Parole/Drug Court Report**
 - This form is due three times a year and should be completed by your probation/parole officer.
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APRN Only Forms: (Not all APRN's will be required to complete these forms)

- **APRN Chart Review**
 - This form is due monthly and should be completed by an APRN or physician, qualified in the same or similar specialty as you, that demonstrates a review of the medical records maintained or created for ten (10) patients who were prescribed controlled substances.
 - **APRN Controlled Substance Log**
 - This form is due monthly, or three times a year, depending on volume. This log is to be maintained by the APRN for all controlled substances prescribed. The form can be submitted as an Excel spreadsheet as long as all fields are documented.
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