

APPROVED THROUGH  
December 31, \_\_\_\_\_  
viewed By \_\_\_\_\_  
Date: \_\_\_\_\_

KENTUCKY BOARD OF NURSING  
312 WHITTINGTON PARKWAY, SUITE 300  
LOUISVILLE, KY 40222-5172  
(502) 429-3300

NEW

FOR KBN USE ONLY  
Date Paid: 220  
Amt. Paid: \_\_\_\_\_

## APPLICATION FOR PROVIDER APPROVAL

Instructions: Please provide the information requested and submit to the Kentucky Board of Nursing at the above address. (References: 201 KAR 20:215, 20:220)

### 1. APPLICANT / ORGANIZATION / AGENCY

Name of Providership \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

### 2. NURSE ADMINISTRATIVELY RESPONSIBLE FOR PROVIDERSHIP

Name \_\_\_\_\_ Nursing License # \_\_\_\_\_

In accordance with the intent of Kentucky Revised Statutes 314.073 and Kentucky Administrative Regulations 201 KAR 20:215, and 20:220, the applicant hereby agrees to comply with the specified requirements regarding mandatory continuing education activities and certifies that all submitted materials regarding the applicant's policies and procedures are accurate and current.

\_\_\_\_\_  
Nurse Administrator of Continuing Education

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chief Nursing Officer for Organization (if applicable)

\_\_\_\_\_  
Date

8/1/17