

Kentucky Board of Nursing
312 Whittington Parkway, # 300
Louisville, KY 40227-5177

ANNUAL CREDENTIAL RENEWAL Application
SANE Credential with RN in KY

Return by Oct 31: _____

Credential Fee: _____

Name and Address

Declaration of Primary Residence

- I declare my state of primary residence to be: Kentucky Other (specify state):
- Do you practice nursing ONLY in a military/federal facility? YES / NO
- List the jurisdictions in which you currently practice as a nurse: _____

Kentucky Licensure and Credential Information

- You must hold a current, active KY RN license before a SANE credential will be issued or renewed.
- 1. Do you hold a current and active KY RN license? Yes/No
- 2. KY RN license number _____ KY SANE Credential number _____
- 3. Are you a member of the United States Armed Forces on active duty? YES / NO
- 4. Are you a member of the United States Armed Forces on active duty and deployed overseas? YES / NO
- 5. Branch of active duty service _____

Attestation Statement

I certify that the following statements, including any attachments, are true and correct in every respect:

- I am the person referred to in the foregoing application;
- I am not delinquent in repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN;
- I have met or will have met the continuing competency requirement by October 31 of the current year;
- I have read and understand this application and all requirements stated therein;
- I declare my primary state of residence to be the state indicated in the Declaration of Primary Residence section of this application; and
- I understand that all information on this application is subject to verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to disciplinary action.

Signature: _____ Phone: _____ Date: _____

02/2021