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KENTUCKY BOARD OF NURSING

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Andy Beshear
Governor

PAPER APPLICATION REQUEST FORM APRN APPLICATIONS

Return this form with a check or money order in the amount of \$40 and an application will be mailed to you. The \$40 paper application request fee is in addition to the application fee. All information on this form must be completed. **REQUEST FORM FEES ARE NON-REFUNDABLE.**

Application Request Type: RN and APRN APRN only

Application Licensure Type: CRNA (3) CNM (4) CNP (5) CNS (6)

Last Name (print clearly) First Name (print clearly)

Social Security Number or Kentucky License Number

Address Line 1

Address Line 2

City State Zip Code

Phone Number (include area code)

Date signed Signature

rk 08/2016