

How to Request an Advisory Opinion

The Kentucky Board of Nursing is granted authority to issue advisory opinions related to nursing practice issues by KRS 314.131(2). In order for there to be sufficient time to assure the opinions issued are focused on safety and protection of the citizens of the Commonwealth, the following will need to be submitted to the Nursing Practice Consultant or the APRN Practice Consultant forty-five (45) days prior to a Practice Committee or an APRN Council meeting:

1. A written request for an advisory opinion related to a specific nursing practice
2. Existing literature and/or evidence-based research related to the subject
3. Information on Scope and Standards of Practice issued by the appropriate nationally recognized professional organization
4. Position statements and opinions of professional groups
5. Information about necessary education or training
6. Description of "Scope of Practice Determination Guidelines" inadequacy to address issue
7. Completion of the attached Request for Advisory Opinion Form and include background materials.

For LPN/RN related questions, please contact Practice Consultant at 502-429-3320 or Kim.Richmond@ky.gov. For APRN related questions, please contact Myra Goldman, MSN, APRN, APRN Education & Nursing Practice Consultant at 502-429-3315 or MyraK.Goldman@ky.gov.

This does not preclude calls or e-mails to the Nursing Practice Consultants. The use of the above is for those questions which have not been previously addressed or for request to review a previous advisory opinion.

**Kentucky Board of Nursing
Request for Nursing Practice Advisory Opinion**

Date: _____

Licensee's Name: _____

Licensee's Address: _____

Licensee's E-Mail Address: _____

Telephone Number: _____ License Number: _____

This request is for an opinion on the scope of practice for:

LPNs RNs APRNs (check all that apply)

1. The specific question or issue for which the opinion is requested:

2. The event/situation that precipitated the question or issue:

3. The specific statutes and/or regulations which are applicable to the question or issue:

4. Include existing evidence-based literature or research to support your requested position.

Licensee's Signature

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Complete this fillable form and save it to your computer.

Then email a copy of this form and any documentation you wish to provide to: Kim.richmond@ky.gov.