

**Kentucky Board of Nursing**  
312 Whittington Pky Ste 300  
Louisville KY 40222-5172  
Web Address: kbn.ky.gov

# APPLICATION FOR RETIRED STATUS

**\$25.00 Fee required**

**(Fee is non-refundable)**

**YOU ARE NOT ELIGIBLE FOR RETIRED STATUS IF YOU HAVE CURRENT OR PENDING ACTION ON YOUR LICENSE IN KENTUCKY OR ANY OTHER STATE.**

## Biographical Data

Please type or print using capital letters and black ink.

\_\_\_\_\_  
Last Name (print clearly)

\_\_\_\_\_  
First Name (print clearly)

\_\_\_\_\_  
Middle Name (print clearly)

\_\_\_\_\_  
Maiden Name (print clearly)

\_\_\_\_\_  
Street (print clearly)

\_\_\_\_\_  
City (print clearly)

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code (print clearly)

\_\_\_\_\_  
County of Residence (print clearly)

\_\_\_\_\_  
Email Address (print clearly)

\_\_\_\_\_  
Home Phone (print clearly)

\_\_\_\_\_  
Daytime Phone (print clearly)

\_\_\_\_\_  
Social Security # (print clearly)

\_\_\_\_\_  
Date of Birth (print clearly)

By signing this application, I hereby certify that the information on this application is complete and true to the best of my knowledge. In accordance with KRS 314, I understand that I cannot practice as a nurse without a current active Kentucky nursing license and to do so subjects me to the full range of disciplinary action described therein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Return Completed Form To:**

Kentucky Board of Nursing  
312 Whittington Pky, Suite 300  
Louisville, KY 40222-5172