

KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov

Andy Beshear
Governor

502-429-3300
800-305-2042
Fax: 502-429-3311

SRNA PRIVATE DUTY FORM

NURSE AIDE INFORMATION (PLEASE PRINT CLEARLY)

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER _____

SRNA # OR SSN _____

EMAIL ADDRESS _____

Completed form may be:

Emailed: kbn.knar@ky.gov
Faxed: 502-429-1247
Mailed: Kentucky Nurse Aide Registry
312 Whittington Parkway, Suite 300A
Louisville, KY 40222

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**PLEASE LIST ALL DATES OF EMPLOYMENT**

**DATES MUST BE IN THE FOLLOWING FORMAT – MM/DD/YYYY**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

TOTAL NUMBER OF HOURS WORKED: \_\_\_\_\_

NURSING RELATED DUTIES PERFORMED:

\_\_\_\_\_  
\_\_\_\_\_

### PROOF OF PAYMENT FOR SERVICES:

CASH (LIST AMOUNT PAID) \_\_\_\_\_

CHECK (IF PAID BY CHECK, PLEASE INCLUDE A COPY, FRONT AND BACK OF CANCELLED CHECK)

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MUST BE COMPLETED BY PATIENT OR FAMILY MEMBER OF PATIENT (PLEASE PRINT CLEARLY)

***NOTE: PATIENT OR FAMILY MEMBER SIGNATURE MUST BE NOTARIZED**

NAME _____

ADDRESS _____

PHONE NUMBER _____

SIGNATURE _____ DATE _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____,
NOTARY REPUBLIC _____ (day) (month) (year)

STATE OF _____
MY COMMISSION EXPIRES _____

An Equal Opportunity Employer M/F/D