

KENTUCKY BOARD OF NURSING
WORKSHEET FOR REVIEW OF INITIAL HOME HEALTH VISITS BY APRN IN MONITORING

Name of APRN in Monitoring: _____

Patient Name	DOB	Facility Name	Date of initial Visit	APRN/ MD Name/ license # attending initial visit	Phone number of MD/APRN Attending Visit	Does reviewer Concur with initial assessment/CS/Tx plan

Instructions for APRN or MD Reviewer of APRN For Initial Visits Under KBN Monitoring

You have been requested to accompany an APRN who is under monitoring by the Kentucky Board of Nursing, utilizing the worksheet provided on the reverse side of this page. The APRN and the reviewer shall be qualified in the same or in a similar specialty, and the reviewer must have a Kentucky APRN or MD license that is not subject to any pending investigation that is reported to the public via KBN license validation, or any active KBN/KMBL disciplinary restrictions or practice restrictions.

Q. How is specialty determined?

A. The APRN's specialty is determined by his or her national certification in the specific role and in a population focus. The physician's specialty is determined by either the physician's certification from the American Board of Medical Specialties (ABMS), or as individually established by the physician. See, <https://kbn.ky.gov/practice/Documents/APRN%20Same%20or%20Similar%20Specialty.pdf>

The worksheet covers verifying accompanying an APRN upon their initial visit of a patient. With the exception of patient name (last name, first initial) and the identification of the reviewer's name, phone number, and date of review, all other checklist inquiries on the worksheet may be answered with "Y" for an affirmative response, or "N" for a negative response. The completed review worksheet should be sent by facsimile to the Compliance Branch, Kentucky Board of Nursing [(502) 429-1245] or via email to the individual's Nurse Investigator/Case Manager.