

License Application Type

Application Type:

General Information - Demographic Information

Salutation:

Full Legal Name Required:

Maiden Name:

Contact Information

Physical / Residential address

Mailing address

Phone number

Attestation Statement

I certify that I am the person referred to in the foregoing application for licensure in Kentucky; that I am not delinquent in the repayment of a defaulted Nursing Incentive Scholarship Fund award administered by KBN; that all statements contained herein and on the attachments are true and correct in every respect, and that I have read and understand this application and all requirements stated therein. I understand that failure to comply with requirements for licensure may subject this application to denial status. I understand that all information on this application is subject to an audit for verification and that knowingly supplying false information on or with this application is a violation of KRS Chapter 314 and may subject me to the full range of disciplinary action described therein.