

502-429-3300 800-305-2042 Fax: 502-429-1245

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

Medication Report

Participant Name:				
License Number:	Ca	ase Number: _		
☐ KARE for Nurses Program☐ Probation/Reprimand				
I understand that I must report the include all prescription medication and herbal preparations. Notifical medication. The following is a lisuand all medications that I use on a	ns as well as a tion to the Cas at of all medica	all over-the-cou se Manager is to	unter (OTC) man	edications, vitamins the initiation of any
Medication	Dose	Refills	Start Date	End Date
		_		
		_		
		_		
		_		
	Sig	Signature of Participant		

 $9/14/2006;\ 3/2/2015;\ 6/22/2015;\ 12/9/2015;\ 10/23/2017$ jmc 3/12/2022 bks