



KENTUCKY BOARD OF NURSING

NURSING CONTINUING EDUCATION EMPLOYMENT EVALUATION FORM

Pursuant to 201 KAR 20:215 Continuing Competency Requirements Section 3 Methods of continued competency validation (4) a nurse may complete seven (7) contact hours of continuing education from a provider approved by the Board pursuant to 201 KAR 20:220 and earned during the licensure period November 1st – October 31st and a nursing employment evaluation which covers at least six (6) months of time during the licensure period of November 1st and October 31st

Individuals utilizing this method to validate continuing competency must maintain completion certificates for at least seven (7) contact hours of nursing continuing education completed through an approved provider and this completed form for at least five (5) years following the end of the licensure period.

This portion of the form must be completed and signed by the nurse's supervisor or employer.

This form is for the licensure period beginning November 1 _____ (year) and ending October 31 _____ (year).

Name of Licensee: _____ License Number: _____

Position Held (Job Title): _____

Name of Employer: _____

Employer's Address: _____

Employer's Phone Number: _____

Does the individual named above have an evaluation that is satisfactory for continued employment on record with your organization?

___ YES ___ NO

Does this evaluation cover at least six (6) months of the licensure period?

The licensure period is November 1 – October 31st of each year.

___ YES ___ NO - Dates covered by the evaluation _____.

Supervisor's Name (please print): _____

Supervisor's Signature: _____

Date Signed: _____