

KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222

CERTIFIED LIST OF KENTUCKY PROGRAM OF NURSING GRADUATES (Due when all program requirements have been met)

This certifies that all requirements for a degree or certificate for the program of nursing were completed by the Individuals listed below.

NAME OF PROGRAM OF NURSING: _____

NCSBN PROGRAM NUMBER: 76- _____

PROGRAM COMPLETION DATE: _____

PROGRAM ADMINISTRATOR SIGNATURE: _____
Program Administrator (Insert authorized name only.)

DATE OF AUTHORIZATION: _____

DAY PHONE NUMBER: () _____

TOTAL # GRADUATES COMPLETING: _____

Use the space below to provide an alphabetical list of PROGRAM GRADUATES who have completed all graduation requirements at the time of submission. If known, indicate if the candidate plans to apply for initial licensure in a state other than Kentucky. Use additional pages as necessary.

***Program:** Indicate the student's scheduling/track that lead to graduation.
(D) for Day, (E) Evening, (W) Weekend, (A) 2nd Degree Accelerated, (LA) LPN to ADN,
(LB) LPN to BSN, (O) Other - Define

****Location:**
List the sites where the student attended classes; if only one location, leave this column blank.

	FULL NAME (Last, First, Middle Initial, Maiden)	Social Security Number	Program*	Location**	State applying for licensure if other than KY	KBN Use Only
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	FULL NAME (Last, First, Middle Initial, Maiden)	Social Security Number	Program*	Location*	State applying for licensure if other than KY	KBN Use Only
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	FULL NAME (Last, First, Middle Initial, Maiden)	Social Security Number	Program*	Location*	State applying for licensure if other than KY	KBN Use Only
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