

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222

CERTIFIED LIST OF OUT-OF-STATE 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: _____

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.

	FULL NAME (Last, First, Middle Initial, Maiden)	Social Security #	This form is for only those who are seeking initial licensure in KY	KBN Use Only
1			KY ONLY	
2			KY ONLY	
3			KY ONLY	
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18			KY ONLY	