

KENTUCKY BOARD OF NURSING "Application for Individual Review"

Please print or type to complete.

I. PERSONAL DATA

- A. NAME: _____
- B. ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
- C. DAY TELEPHONE #: () _____ EVENING #: () _____
- D. KY LICENSE #: _____

II. CONTINUING EDUCATION ACTIVITY

- A. TITLE: _____
- B. LOCATION (City/State): _____ C. DATE(S): _____
- C. ATTACH A COPY OF BROCHURE, ANNOUNCEMENT, OR PROMOTIONAL MATERIALS INDICATING CLASSROOM AGENDA; CERTIFICATE OF ATTENDANCE; and FEE.

III. OFFERING CONTENT: Use the following form, outline the major ideas has application to nursing practice. SUBMIT A SEPARATE SHEET FOR EACH PRESENTATION ATTENDED.

KBN USE ONLY

DATE: _____

AMOUNT: _____

APPROVED FOR _____
CONTACT HOURS (CH)

RETAIN THIS COPY WITH
YOUR CONTINUING
EDUCATION RECORDS TO
DOCUMENT EARNING OF
APPROVED CONTACT
HOURS DURING
NOVEMBER 1, _____
THROUGH
OCTOBER 31, _____
EARNING PERIOD.

SIGNATURE

DATE: _____

TITLE OF PRESENTATION:	
PRESENTER(S):	
DATE:	TIME: FROM _____ TO _____
MAJOR IDEA(S) PRESENTED	APPLICATION TO NURSING PRACTICE