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# KENTUCKY BOARD OF NURSING

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

Andy Beshear  
Governor

## STATE REGISTERED NURSE AIDE (SRNA) PRIVATE DUTY FORM

Completed form must be uploaded during the application process:

Upload to: [Kentucky Board of Nursing Nurse Portal](#) or

If you have additional questions you may send a message through the message center to the category Kentucky Nurse Aide Registry (KNAR).

### NURSE AIDE INFORMATION (PLEASE PRINT CLEARLY)

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SRNA # OR SSN \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

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### PLEASE LIST ALL DATES OF EMPLOYMENT DATES MUST BE IN THE FOLLOWING FORMAT – MM/DD/YYYY

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

TOTAL NUMBER OF HOURS WORKED: \_\_\_\_\_

### NURSING RELATED DUTIES PERFORMED:

\_\_\_\_\_  
\_\_\_\_\_

### PROOF OF PAYMENT FOR SERVICES:

CASH (LIST AMOUNT PAID) \_\_\_\_\_

CHECK (IF PAID BY CHECK, PLEASE INCLUDE A COPY, FRONT AND BACK OF CANCELLED CHECK)

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### MUST BE COMPLETED BY PATIENT OR FAMILY MEMBER OF PATIENT (PLEASE PRINT CLEARLY)

\*NOTE: PATIENT OR FAMILY MEMBER MUST SIGN AND DATE THIS FORM IN FRONT OF THE NOTARY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_  
NOTARY REPUBLIC \_\_\_\_\_ (day) (month) (year)

STATE OF \_\_\_\_\_  
MY COMMISSION EXPIRES \_\_\_\_\_