

502-429-3300
800-305-2042
Fax: 502-429-1245

KENTUCKY BOARD OF NURSING

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

Andy Beshear
Governor

Treating Practitioner Verification Form

Patient/Participant Name _____

- KARE for Nurses Program
 Probation

Purpose: To verify the treating practitioner(s) knowledge of the provisions contained in the KARE for Nurses Program Agreement dated _____
or
Agreed Order/Board Decision entered on _____.

Directions: Please complete and return this form directly to the Kentucky Board of Nursing Compliance Branch following discussion of the terms with the participant.

Participant Kentucky Board of Nursing License Number: _____

Treating Practitioner Name (Print)

Treating Practitioner Signature

Name of Facility: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Date: _____

RETURN THIS FORM TO THE COMPLIANCE BRANCH

8/21/2006; 10/28/2013; 6/30/2014; 2/10/2015; 12/9/2015; 12/7/2017
Jmc
1/19/2022;3/17/2022
bks