

VERIFICATION OF LICENSURE TO AN ENTITY OTHER THAN A BOARD OF NURSING

Use this form to send verification of Kentucky licensure to:

- An entity/employer (other than a board of nursing)
- Board of Nursing outside of the United States
- Self

Biographical Data

Please type or print using capital letters and black ink.

Last Name (print clearly) _____ First Name (print clearly) _____

Middle Name (print clearly) _____ Maiden Name (print clearly) _____

Address (print clearly) _____

City (print clearly) _____ State _____ Zip Code (print clearly) _____

County of Residence (print clearly) _____

Email Address (print clearly) _____

Home Phone (print clearly) _____ - _____ - _____ Daytime Phone (print clearly) _____ - _____ - _____

Social Security # (print clearly) _____ - _____ - _____ Date of Birth (print clearly) _____ / _____ / _____

License # _____

NAME AND ADDRESS OF ENTITY/PERSON TO RECEIVE VERIFICATION

Name of Entity/Person _____

Address _____

City _____ State _____ Zip Code _____

By signing this application, I hereby certify that the information on this application is complete and true to the best of my knowledge. In accordance with KRS 314, I understand that I cannot practice as a nurse without a current active Kentucky nursing license and to do so subjects me to the full range of disciplinary action described therein.

Signature

_____/_____/_____
Date

Return completed form and fee to:

Kentucky Board of Nursing
312 Whittington Pky
Suite 300
Louisville, KY 40222-5172