Kentucky Board of Nursing
Request for Nursing Practice Advisory Opinion

Date: ______________________

Licensee’s Name: ____________________________

Licensee’s Address: ____________________________________________________________

Licensee’s E-Mail Address: ______________________________________________________

Telephone Number: _______________ License Number: ________________

1. The specific question or issue for which the opinion is requested:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. The event/situation that precipitated the question or issue:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. The specific statutes and/or regulations which are applicable to the question or issue:
__________________________________________________________________________
__________________________________________________________________________

4. Include existing evidence-based literature or research to support your requested position.
__________________________________________________________________________

Licensee’s Signature

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