

**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: _____

This request is for an opinion on the scope of practice for:

LPNs RNs APRNs (check all that apply)

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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Complete this fillable form and save it to your computer.

Then email a copy of this form and any documentation you wish to provide to:
myrak.goldman@ky.gov.