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KENTUCKY BOARD OF NURSING

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Andy Beshear
Governor

PAPER APPLICATION REQUEST FORM
APRN APPLICATIONS

Return this form with a check or money order in the amount of $40 and an application will be mailed to you. The $40 paper application request fee is in addition to the application fee. All information on this form must be completed. **REQUEST FORM FEES ARE NON-REFUNDABLE**.

Application Request Type: RN and APRN ☐ APRN only ☐

Application Licensure Type: CRNA (3) ☐ CNM (4) ☐ CNP (5) ☐ CNS (6) ☐

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

Social Security Number or Kentucky License Number _____

Address Line 1 _____

Address Line 2 _____

City _____ State _____ Zip Code _____

Phone Number (include area code) _____

Date signed _____ Signature _____

rk 08/2016