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# KENTUCKY BOARD OF NURSING

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Matthew G. Bevin  
Governor

## PAPER APPLICATION REQUEST FORM REINSTATEMENT APPLICATION

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 Licensure Type: RN  LPN

\_\_\_\_\_  
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