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KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov



Matt Bevin
Governor

Employer Verification Form

Participant Name _____

- KARE for Nurses Program
- Probation

Purpose: To verify the employers' knowledge of the provisions contained in the KARE for Nurses Program Agreement dated _____
or
Agreed Order/Board Decision entered on _____.

Directions: When employed as a nurse, each employer shall complete and return this form directly to the Kentucky Board of Nursing Compliance Section, Consumer Protection Branch, following discussion of the provisions with the participant as well as his/her Case Manager.

Participant Kentucky Board of Nursing License Number: _____

I certify that the above named participant, _____,
was employed by this facility on _____ as a _____.
(month/date/year) (employment position)

(Print) Director of Nursing

(Signature) Director of Nursing

(Print) Immediate Supervisor

(Signature) Immediate Supervisor

Name of Facility: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Date: _____

RETURN THIS FORM TO COMPLIANCE SECTION, CONSUMER PROTECTION BRANCH

8/21/2006; 10/28/2013; 6/30/2014; 2/10/2015; 12/9/2015
jmc