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KENTUCKY BOARD OF NURSING

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



Andy Beshear
Governor

Kentucky Registration for Emergency System for Advanced Registration of Volunteer Health Practitioners Purpose of Service for Intended Practice: COVID-19

Section 1: Provider Information

Name:	
Address:	
Phone:	
Email Address	

Section 2: Licensure Information

License Number:	
License State:	
License Type:	<input type="checkbox"/> Registered Nurse <input type="checkbox"/> Licensed Practical Nurse <input type="checkbox"/> Advanced Practice Registered Nurse <input type="checkbox"/> Dialysis Technician

Section 3: Host Entity (if applicable)

Host Entity Name:	
Host Entity Address:	
Host Entity Phone:	

Section 4: Supporting Documents (if applicable)

	<input type="checkbox"/> Advanced Practice Registered Nurse Legend Drug Prescribing Authority <input type="checkbox"/> Dialysis Technician Verification of Good Standing
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Signature _____ Date _____

Please return registration to Kelsea.Bennett@ky.gov