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KENTUCKY BOARD OF NURSING

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



Andy Beshear
Governor

Probation/Parole/Drug Court Report

Participant Name: _____

License Number: _____ Social Security Number: _____

- KARE for Nurses Program
- Probation

Evaluation for the month(s) of _____

Nurse has appeared at all required report times:

- Yes
- No

Comments: _____

Nurse is complying with all requirements of Probation/Parole.

- Yes
- No

Comments: _____

All drug screens have all been negative.

- Yes
- No

Comments: _____

Signature of Officer

Date

Address: _____

Phone No: _____

10/27/2011; 2/10/2015; 12/9/2015
jmc