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# KENTUCKY BOARD OF NURSING

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



Andy Beshear  
Governor

## Treating Practitioner Verification Form

Patient/Participant Name \_\_\_\_\_

- KARE for Nurses Program
- Probation

**Purpose:** To verify the treating practitioner(s) knowledge of the provisions contained in the KARE for Nurses Program Agreement dated \_\_\_\_\_  
**or**  
Agreed Order/Board Decision entered on \_\_\_\_\_.

**Directions:** Please complete and return this form directly to the Kentucky Board of Nursing Compliance Section, Consumer Protection Branch, following discussion of the terms with the participant.

Participant Kentucky Board of Nursing License Number: \_\_\_\_\_

\_\_\_\_\_  
Treating Practitioner Name (Print)

\_\_\_\_\_  
Treating Practitioner Signature

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; 12/7/2017  
jmc