

Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
502-429-3300 800-305-2042

CERTIFICATE OF LICENSURE ORDER FORM

Office Use Only

Complete (type or print) the following information to order a licensure certificate (11" x 8.5") suitable for framing. The cost is \$30 per certificate to be paid by check/money order (payable to the Kentucky Board of Nursing) or credit card (Visa or MasterCard). Please allow 4-6 weeks for delivery.

Licensee's Last Name (print clearly)

Licensee's First Name (print clearly) Middle Initial

Address (print clearly)

City (print clearly) State Zip Code (print clearly)

Daytime Phone Number (print clearly)

Email Address (print clearly)

CERTIFICATES AVAILABLE

- | | | |
|--|---------------------------|-----------------|
| <input type="checkbox"/> LCPM Certificate | LCPM Number: _____ | Quantity: _____ |
| <input type="checkbox"/> LPN Certificate | LPN License Number: _____ | Quantity: _____ |
| <input type="checkbox"/> RN Certificate | RN License Number: _____ | Quantity: _____ |
| <input type="checkbox"/> RN & APRN Certificate | RN License Number: _____ | Quantity: _____ |
| <input type="checkbox"/> APRN Only Certificate | APRN License #: _____ | Quantity: _____ |
| <input type="checkbox"/> RN & SANE Certificate | RN License Number: _____ | Quantity: _____ |
| <input type="checkbox"/> SANE Only Certificate | SANE Credential #: _____ | Quantity: _____ |

Total Number of Certificates: _____

MAIL THIS ORDER FORM, ALONG WITH THE APPROPRIATE FEE, TO:

KY Board of Nursing – Certificate Request
312 Whittington Pky., Ste. 300
Louisville, KY 40222-5172

Or

Contact Alaina Lismon at Alaina.Lismon@ky.gov or by
phone at (502) 650-5811

IM USE ONLY: KY Lic. Date: _____ Date Received: _____ Date Completed: _____ Completed By: _____