

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

- LCPM Certificate LCPM Number: _____ Quantity: _____
- LPN Certificate LPN License Number: _____ Quantity: _____
- RN Certificate RN License Number: _____ Quantity: _____
- RN & APRN Certificate RN License Number: _____ Quantity: _____
- APRN Only Certificate APRN License #: _____ Quantity: _____
- RN & SANE Certificate RN License Number: _____ Quantity: _____
- SANE Only Certificate SANE Credential #: _____ Quantity: _____

Total Number of Certificates: _____ x \$30 each Amount Enclosed: \$ _____

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

If you wish to pay by credit card, please submit the following:
Card Type: American Express Discover MasterCard Visa
Card Number: _____
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IM USE ONLY: KY Lic. Date: _____ Date Received: _____ Date Completed: _____ Completed By: _____