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KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov

Andy Beshear
Governor

Academic Verification Form

Participant Name _____

- KARE for Nurses Program
 Probation

Purpose: To verify faculty 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 Branch, following discussion of the terms with the participant.

Participant Kentucky Board of Nursing License Number: _____

Faculty/Clinical Preceptor Name (Print)

Faculty/Clinical Preceptor Name (Signature)

Program of Nursing: _____

Address: _____

Telephone Number: _____

E-mail address: _____

Date: _____

RETURN THIS FORM TO THE COMPLIANCE BRANCH

8/21/2006; 10/28/2013; 6/30/2014; 2/10/2015; 12/9/2015
jmc
3/17/2022
bks