

**Via electronic transmittal**

[kbandistnisf@ky.gov](mailto:kbandistnisf@ky.gov)

**ATTN: NISF Coordinator**

Kentucky Board of Nursing  
312 Whittington Parkway; Suite 300  
Louisville, KY 40222  
(502) 429-3300

*RE: NISF Employment Verification; 201 KAR 20:390, Section 9(1).*

NISF Coordinator:

Please allow this letter to serve as employment verification for the following Nursing Incentive Scholarship Fund (NISF) Recipient:

1. \_\_\_\_\_ # \_\_\_\_\_  
**NISF Recipient** (Please Print)                      **KY License Number**

2. The NISF Recipient has is employed with our facility/organization:

a. Name: \_\_\_\_\_

b. Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. The NISF Recipient's employment commitment will:

a. Begin: \_\_\_\_\_  
Month/Day/Year

b. Be Completed: \_\_\_\_\_  
Month/Day/Year

*If employment term is indefinite, please indicate by writing, "indefinite", "ongoing", etc. Please Note: Termination of employment prior to completion shall be reported to the board within thirty (30) days. See 201 KAR 20:390, Section 1(9).*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Title (Please Print)

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address (Please Print)