



KENTUCKY BOARD OF NURSING
312 Whittington Pky, Suite 300
Louisville, KY 40222-5172
800-305-2042 or 502-429-3300
Fax: 502-429-3311
kbn.ky.gov

KENTUCKY NURSE AIDE REGISTRY (KNAR) DATA ROSTER DOWNLOAD REQUEST FORM

Recently you inquired about the names and addresses for the Nurse Aide Registry in Kentucky. Names and addresses will be released per your written request, if possible. Please review the information below and complete the KBN form as precisely as possible.

1. The base fee is a flat fee of \$480. This includes records for all active Nurse Aides in the registry.
2. A KNAR Data Roster Download consists of Last Name, First Name, Address, City, State, Zip Code, Registry Date.
3. Data will be provided in semicolon-delimited format, which can easily be imported into a spreadsheet program such as Microsoft Excel.
4. Additional information requires a custom request. Custom requests require a programming fee. The programming fee is \$75 per hour **with a minimum of one hour**. If you require a custom request, please contact Eric Velazquez at 502-429-3343 or ericw.velazquez@ky.gov for a separate form and an estimate.
5. **ALL FEES (INCLUDING PROGRAMMING FEES) MUST BE PAID IN ADVANCE.**
6. **PLEASE ALLOW 4 TO 6 WEEKS FOR YOUR REQUEST TO BE PROCESSED.**
7. **PLEASE NOTE:** The names and addresses supplied by this agency reflect the most current information available. However, as licensees are responsible for updating information, the accuracy of data on file cannot be guaranteed by this agency.

Please complete the enclosed form and return it with the appropriate fee payable to the Kentucky Board of Nursing or fill out the credit card information (address listed above). Orders will be sent via email unless otherwise indicated. If you prefer another method of shipment, you must indicate which method on the bottom of the order form.

If you have additional questions, please contact Eric Velazquez at 502-429-3343 or ericw.velazquez@ky.gov.

OFFICE USE ONLY

KNAR DATA ROSTER DOWNLOAD REQUEST FORM (State Registered Nurse Aides, Nurse Aide Registry)

ORGANIZATION NAME _____ PHONE _____

ADDRESS _____

STREET

CITY _____ STATE _____ ZIP _____

CONTACT NAME _____ SIGNATURE _____

EMAIL ADDRESS _____ **Note: Email is the preferred method of shipment**

What is the commercial purpose for which this data is requested? _____

CARD TYPE: MasterCard Visa CARD NUMBER: _____

NAME ON CARD: _____ EXPIRATION DATE: _____

BILLING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

The \$480 FEE MUST ACCOMPANY THIS FORM – CHECK OR CREDIT CARD. Allow up to 6 weeks for processing.

- 1. Data will be provided in semicolon-delimited format**
- 2. Cost for the listing is \$480.00**
- 3. Active Nurse Aides (State Registered Nurse Aides) will be included**
NOTE: Inactive records number in the thousands and contain a high volume of inaccurate addresses, therefore, inactive records are available only by special request.
- 4. Records will be sorted by Last Name**
- 5. Anticipated completion date: Allow 4-6 weeks for delivery**
- 6. Shipment: ORDERS WILL BE SENT VIA EMAIL UNLESS OTHERWISE INDICATED. IF YOU NEED THE ORDER SHIPPED BY A METHOD OTHER THAN EMAIL, PLEASE INDICATE WHICH METHOD BELOW.**

Ship to Address Below <input type="checkbox"/>	Customer Pickup <input type="checkbox"/>
Address:	
<input type="text"/>	
<input type="text"/>	