

502-429-3300
800-305-2042
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KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov



Steven L. Beshear
Governor

VERIFICATION OF LICENSURE TO AN ENTITY OR PERSON OTHER THAN A BOARD OF NURSING REQUEST FORM

This form is to be completed by nurses who have or have held a Kentucky nursing license and/or advanced practice license.

Complete the required data, and return this form with a check or money order in the amount of \$50.00 made payable to the Kentucky Board of Nursing.

Upon receipt of this request and the correct fee, a verification of your Kentucky nursing license(s) will be sent to the entity you indicated in Box G (below).

Should you have any questions regarding this service, contact KBN at 1-502-429-3330 or 1-800-305-2042, extension 252.

A. APPLICANT'S FULL NAME (Last Name, First Name, Middle Name)	
B. OTHER NAMES USED	
C. SOCIAL SECURITY NUMBER	D. DATE OF BIRTH
E. KENTUCKY LICENSE # (If Known)	F. ISSUE DATE OF KY LICENSE (If Known)
G. NAME _____ ADDRESS _____ CITY _____ STATE _____ ZIP _____	
H. SIGNATURE	I. DATE