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# KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300  
Louisville, Kentucky 40222-5172

Steven L. Beshear  
Governor



## Probation/Parole Report

Participant Name: \_\_\_\_\_

License Number: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

- KARE for Nurses Program
- Probation

Evaluation for the month(s) of \_\_\_\_\_

Nurse has appeared at all required report times:

- Yes
- No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nurse is complying with all requirements of Probation/Parole:

- Yes
- No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All drug screens have all been negative:

- Yes
- No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**Signature of Officer**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Address: \_\_\_\_\_

\_\_\_\_\_  
Phone No: \_\_\_\_\_

\_\_\_\_\_

8/21/2006  
jmc