

502-429-3300
800-305-2042
FAX 502-429-3311

KENTUCKY BOARD OF NURSING

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

Steven L. Beshear
Governor



Counselor/Therapist Verification Form

Participant Name: _____

- KARE
- Probation

Purpose: To verify the counselors and/or therapist knowledge of the terms of the KARE for Nurses Program Agreement/Agreed Order/Board Decision and to ensure the licensee's compliance with all aspects of the terms.

Directions: Please complete and return this form directly to the Kentucky Board of Nursing Compliance Section, Consumer Protection Branch, following discussion of the terms with the participant.

Participant Kentucky Board of Nursing License Number: _____

I verify that the above named participant, _____,
has given me a copy of his/her KARE for Nurses Program Agreement/Agreed Order/Board Decision, and
we have discussed the terms of the said document.

Name (Print)

Name (Signature)

Name of Facility: _____

Address: _____

Telephone Number: _____

Date: _____

RETURN THIS FORM TO COMPLIANCE SECTION, CONSUMER PROTECTION BRANCH

8/21/2006
jmc