

502-429-3300
800-305-2042
Fax: 502-429-1245

KENTUCKY BOARD OF NURSING
312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172
kbn.ky.gov

Andy Beshear
Governor

Medication Report

Participant Name: _____

License Number: _____ Case Number: _____

- KARE for Nurses Program
- Probation/Reprimand

I understand that I must report the use of all medications to my Case Manager. This report must include all prescription medications as well as all over-the-counter (OTC) medications, vitamins and herbal preparations. Notification to the Case Manager is to occur prior to the initiation of any medication. The following is a list of all medications and preparations that I am currently using, and all medications that I use on a prn basis.

Medication	Dose	Refills	Start Date	End Date
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Participant Date

9/14/2006; 3/2/2015; 6/22/2015; 12/9/2015; 10/23/2017
jmc
3/12/2022
bks