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# KENTUCKY BOARD OF NURSING

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

Andy Beshear  
Governor

## Treating Practitioner Verification Form

**Patient/Participant Name** \_\_\_\_\_

- KARE for Nurses Program  
 Probation

**Purpose:** To verify the treating practitioner(s) knowledge of the provisions contained in the KARE for Nurses Program Agreement dated \_\_\_\_\_  
**or**  
Agreed Order/Board Decision entered on \_\_\_\_\_.

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

**Participant Kentucky Board of Nursing License Number:** \_\_\_\_\_

\_\_\_\_\_  
Treating Practitioner Name (Print)

\_\_\_\_\_  
Treating Practitioner Signature

Name of Facility: \_\_\_\_\_

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

Telephone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_

**RETURN THIS FORM TO THE COMPLIANCE BRANCH**

8/21/2006; 10/28/2013; 6/30/2014; 2/10/2015; 12/9/2015; 12/7/2017  
Jmc  
1/19/2022;3/17/2022  
bks