

KENTUCKY APPLICATION FOR NURSE AIDE REGISTRATION

APPLICANT NAME (Last, First, Middle Name or Maiden Name)

SOCIAL SECURITY NUMBER

STREET OR RURAL ROUTE

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER (INCLUDE AREA CODE)

DATE OF BIRTH (MM/DD/YY)

HAVE YOU EVER BEEN PLACED ON A NURSE AIDE REGISTRY?
YES NO

IN WHICH STATES? _____

ARE THERE ANY FINDINGS OF ABUSE, NEGLECT, OR MISAPPROPRIATION OF
RESIDENT PROPERTY AGAINST YOU ON A NURSE AIDE ABUSE REGISTRY?
YES NO

IN WHICH STATE? _____

ARE YOU CURRENTLY UNDER INVESTIGATION?
YES NO

IN WHICH STATES? _____

WHAT IS THE NATURE OF THE INVESTIGATION?

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE IN EVERY RESPECT.

SIGNATURE OF NURSE AIDE APPLICANT

DATE

FALSIFICATION OF THIS DOCUMENT MAY DISQUALIFY THE APPLICANT FROM PLACEMENT IN GOOD
STANDING ON THE NURSE AIDE REGISTRY IN KENTUCKY.