

KENTUCKY APPLICATION FOR NURSE AIDE REGISTRATION

 NURSE AIDE APPLICANT 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
 YES NO RESIDENT PROPERTY AGAINST YOU ON A NURSE AIDE ABUSE REGISTRY?
 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 NAME _____
 DATE

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