



KENTUCKY BOARD OF RESPIRATORY CARE

Andy Beshear
Governor

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Tamara McDaniel
Executive Director

Kentucky Registration for Emergency System for Advanced Registration of Volunteer Health Practitioners Purpose of Service for Intended Practice: COVID-19

Section 1: Provider Information \*REQUIRED\*

Table with 2 columns and 5 rows: Name, Social Security #, Address, Phone, Email

Section 2: Licensure Information \*REQUIRED\*

Table with 3 columns and 3 rows: License Number, License State, NBRC Expiration date

Section 3: Host Entity (hospital or skilled care facility) \* REQUIRED\*

Table with 2 columns and 4 rows: Host Entity Name, Host Entity Address, Host Entity Phone, Host Entity Email

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

Please complete and return by email to Tamara.McDaniel@ky.gov or RickL.Rose@ky.gov OR Fax 859-246-2750

DATE RECEIVED: \_\_\_\_\_ NBRC ACTIONS: \_\_\_\_\_
STATE LICENSE/ACTIONS : \_\_\_\_\_
DIRECTOR REVIEW: \_\_\_\_\_ DATE: \_\_\_\_\_

