



KENTUCKY BOARD OF RESPIRATORY CARE

Andy Beshear
Governor

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<http://kbrc.ky.gov>

Tamara G. 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

Name	
Social Security #	
Address	
Phone	
Email	

Section 2: Licensure Information

License Number:	
License State:	
NBRC Credential Expiration date:	

Section 3: Host Entity

Host Entity Name	
Host Entity Address	
Host Entity Phone	
Host Entity Email	

Signature: _____ Date: _____

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

DATE RECEIVED: _____	NBRC ACTIONS: _____
STATE LICENSE/ACTIONS : _____	
DIRECTOR REVIEW: _____	DATE: _____