



**THE DEPARTMENT OF HEALTH REGULATORY SERVICES
HEALTH PRACTICE COMMISSION**

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LETTER OF GOOD STANDING (LOGS) REQUEST

Council:

CPAM MDC NMC PC

Requestor: _____
Requestor Email: _____
Requestor Registration Number: _____
Requestor Contact #: _____

Name of Institution: _____
Attn: _____
Mailing Address: _____

Email Address: _____

Please submit to hpc@gov.ky

Processing time 15 working days

Requestor will receive a copy via email.

Date Received: _____

Date Processed: _____