Kentucky: the rules for aesthetic practice

What Kentucky's laws and boards say about who may do aesthetic treatments, who must supervise them, and who can own the practice.

Nurse practitioners: Reduced Practice

Nurse practitioners

Reduced (AANP). APRNs prescribe non-scheduled drugs under a CAPA-NS with a Kentucky physician and controlled substances (Schedules II-V) under a CAPA-CS on the Board's standardized form with a physician in the same or a similar specialty (KRS 314.042). A DEA registration and KASPER registration come before any controlled-substance prescribing. In the first year without a prior CAPA-CS, the APRN must be employed by a health care entity or provider and meet the physician at least quarterly to review KASPER reports, then twice a year for the next 3 years. After 4 years of prescribing, an APRN can notify the Board and drop the CAPA-NS, and can ask the Board to be exempt from the CAPA-CS (SB 94, 2023); no prescribing without a CAPA-CS until the Board confirms the exemption in writing.

Agreements

The APRN notifies the Board of each agreement and any rescission, keeps a copy at each practice site, and the CAPA-CS sets prescribing limits and how the two communicate. Either side may end the CAPA-CS on 30 days' written notice.

Delegating to RNs, estheticians and staff

Board of Nursing AOS #35 (revised June 2026): RNs do cosmetic and dermatological procedures only under the supervision of a qualified healthcare provider, after that provider's documented assessment and treatment plan; an RN may not independently practice, order products, prescribe, or perform Botox or dermal fillers. RNs may follow the provider's standing orders or protocols; supervision means the provider is on the premises or readily available by phone. Higher-risk Level III procedures (including neuromodulators, fillers, PRP and deeper microneedling) need supervision by a provider with advanced education and certification, and novice injectors should be supervised on site. Ablative lasers, phenol peels and sclerotherapy beyond superficial veins are outside RN and LPN scope. LPNs work only under direct supervision and never do sclerotherapy.

Who can own the practice

A Kentucky professional service corporation is formed by people licensed for the same service, or for related services the licensing laws don't bar from practicing together, and only qualified licensees may own shares (KRS 274.015, 274.017). Whether a business owned by a non-physician may employ or contract physicians is not settled: no statute, board ruling or court decision on it was found. Confirm the entity type with a Kentucky healthcare attorney.

> **The biggest risk in Kentucky.** RNs injecting without a qualified provider's documented assessment, treatment plan and supervision.

> **Check it with your boards:** Kentucky Board of Nursing - kbn.ky.gov and Kentucky Board of Medical Licensure - kbml.ky.gov. Checked November 3, 2026. Rules change, so read the current rule on the board's own site before you act.

Ask S.A.G.E. next. S.A.G.E., our AI practice advisor, answers from this same Kentucky reference, free in your TMAA account, which you can set up at go.medicalaestheticsassociation.com/start-here. Try:

1. I'm an RN in Kentucky. What has to be in place before I offer injectables?
2. What must my medical director agreement cover in Kentucky?
3. What can an esthetician do in Kentucky, and what needs an order?

S.A.G.E. is not legal advice. For a binding answer, talk to a healthcare attorney in your state.