

Nevada State Board of **NURSING**

Attendance at Nurse Support Group

Name of nurse: _____
(Please print or type)

I am required to attend Nurse Support Group Meetings:

_____ Once a week _____ Twice a month
_____ Once a month _____ Other: _____

Verification of attendance for the month of: _____
(month/year)

Date	Facilitator	Signature Verifying Attendance

Fax completed forms to: 775-687-7729 (Please do not fax multiple copies)
Or mail to: NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6576