

# 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

**E-mail completed forms to:** [compliance@nevadanursingboard.org](mailto:compliance@nevadanursingboard.org) or;  
**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