NURSING PERSONNEL

Send your completed list in an electronic format – ***No mailed or faxed copies, please***

Nevada State Board of Nursing
nursingboard@nsbn.state.nv.us

DATE DUE: January 22, 2016

FOR PERIOD OF OCTOBER, NOVEMBER, and DECEMBER 2015

The Nurse Practice Act (NRS 632.125) requires that you submit a list of nursing personnel to this office three times yearly as directed by the Nevada State Board of Nursing. **Please list separately and in alphabetical order - Registered Nurses, Licensed Practical Nurses, Nursing Assistants, Nursing Assistant Trainees.** Computer printouts of this form are acceptable or may be reproduced as needed but they must be accompanied by the signed attestation of the nursing administrator. By signing this form you are attesting that your agency/facility has verified the licensure and/or certification status of the nursing personnel at your facility. **The nursing administrator must be a nurse licensed in Nevada.**

Agency/Facility:_____

Please indicate if this is a new agency/facility name. Please use a separate form for each agency/facility.

Address: _____

Please indicate if this is a new address. STREET/PO BOX CITY STATE ZIP

Nursing **administrator** responsible for accuracy of information: _____ Telephone_____

PRINT AREA CODE

I affirm/swear that this facility/agency has verified the status of all licensed and/or certified nursing personnel listed on the attached forms directly with the Nevada State Board of Nursing via the Board's website www.nevadanursingboard.org, or by telephone, and that all nursing personnel on this list hold active or active/restricted licenses and/or certificates. Personnel lists are subject to random audit by the Board. Evidence that the status was not verified may indicate a violation of the Nurse Practice Act and will be subject to further investigation.

Signature of nursing administrator: _____ Date: _____

Title: _____

USE APPROPRIATE COLUMNS

LAST name/FIRST name	Permanent Nevada License/Certificate No.	Temporary Nevada License/Certificate No.	Nevada Interim Permit No.	Expiration Date

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