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

**Nevada State Board of Nursing** 

Agency/Facility:

Addrage.

5011 Meadowood Mall Way, Suite 300 Reno, NV 89502-6576 nursingboard@nsbn.state.nv.us

## **NURSING PERSONNEL**

## DATE DUE: October 16, 2016 FOR PERIOD OF July, August, and September 2016

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 Assistants 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.

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

Please indicate if this is a new address.	STREET/PO BOX		CITY	STATE	ZIP		
Nursing administrator responsible for accuracy of info	rmation:			_Telephone	AREA CODE		
		PRINT			AREA CODE		
I affirm/swear that this facility/agency has verified the s State Board of Nursing via the Board's website www.ne active/restricted licenses and/or certificates. Personnel violation of the Nurse Practice Act and will be subject to	evadanursingboard.org, or by telep lists are subject to random audit b	none, and that all nursing	ng personnel on t	this list hold activ	e or		
Signature of nursing administrator:				Date:			
Title:							
USE APPROPRIATE COLUMNS		1			<b>.</b>		
LAST name/FIRST name	Permanen License/Cer		ry Nevada Nertificate No.	levada Interim Permit No.	Expiration Date		

## **NEVADA STATE BOARD OF NURSING - NURSING PERSONNEL**

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