

Qualifications for Nevada Licensure

- You graduated from an approved school of nursing with a nursing certificate (LPN), or diploma or nursing degree (RN),
- You passed the NCLEX or SBTPE licensing examination,
- You hold a current, permanent license in another state,
- You have a U.S. Social Security number,
- You have completed and submitted fingerprint cards, and
- The Board has received and cleared your fingerprint reports
- You have passed an English proficiency exam (only if licensed as a nurse in the US less than 5 years)

General Information

- Follow all instructions. All questions in all sections must be answered completely and the answers legibly written. *Incomplete applications will not be processed.*
- Your application for licensure is valid for one year from the date received by the Board. It is your responsibility to follow up with the Board to determine the ongoing status of your application.
- The address furnished on this application will become your address of record unless you indicate otherwise.
- You must notify the Board, in writing, within 30 days of any change in your address of record.
- One temporary license may be issued when the appropriate criteria has been met. It is valid for six months and cannot be renewed. *If you obtain a temporary license, but do not complete the licensure process, you will not be eligible for another temporary license again in the future.*
- After all documents are submitted, reviewed, and evaluated, if you are eligible for a permanent license, one will be issued. As processing of your application is dependent upon receiving documents and other requirements from outside sources, we are unable to provide specific time frames for processing. However, if your application is complete and meets the requirements for issuance of a license, we can generally issue your license, temporary or permanent, within a week of receipt of your application and the applicable documents.
- Nevada does not issue hard card licenses. No license card will be mailed to you. You may print out a paper copy of your Nevada nursing license from the Board's website.
- You will not receive notice of licensure expiration dates or licensure renewal dates from the Board. You are responsible for knowing and tracking your licensure expiration date.
- You are strongly encouraged to register with Nursys e-Notify. e-Notify is a free of charge innovative nurse licensure notification system where you can receive real-time notifications about your nursing license status. The system provides an automated noticed of licensure and publicly available discipline data directly to you. Information contained on the e-Notify system is considered primary source equivalent. e-Notify may be accessed via a link from the Board's website or directly at www.nursys.com.

IMPORTANT!!!

Please do not send any documents before you submit your application.

Nevada State Board of NURSING

Application for Initial License

Return to: Nevada State Board of Nursing, 5011 Meadowood Mall Way, Suite 300, Reno, NV 89502
(888) 590-6726 | fax (775) 687-7707 | nursingboard@nsbn.state.nv.us

www.nevadanursingboard.org

To practice nursing in Nevada, you must hold an active Nevada license.

License Type	Registered Nurse Licensed Practical Nurse	Application Type	By Endorsement By Examination
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First Name	Middle Name	Last Name
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Social Security #	Telephone	Date of Birth	Place of Birth
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Address (if you move, please notify the Board immediately, in writing, or via the Board's website)	Apt. #
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City	State	ZIP	Male	Female
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Email

Previous names used:

1. _____ 2. _____

Section 1. Nursing Education and Examination Summary

Nursing program <small>(that qualified you for initial nurse licensure)</small>	School Location	Date Graduated	Degree/Diploma
Licensed by NCLEX examination <small>(your original state of licensure)</small>	State	Date	License#
For endorsement applicants AND graduates of foreign nursing schools	I last practiced nursing on this date? _____ In what state? _____ MM/DD/YY		
You must indicate a date and a SINGLE state. Phrases such as TODAY, CURRENTLY, PRESENTLY, STILL PRACTICING, etc. will cause a delay in processing your application.			
For examination applicants and/or graduates of foreign nursing schools	Have you taken the NCLEX examination in any other state(s)? Yes <input type="radio"/> No <input type="radio"/>	If yes, what state(s)?	If yes, how many times?

Section 2. Eligibility Screening Questions.

(If you answer "Yes" to any of Questions 1 through 5 below, you **MUST** submit the required documents to avoid delays in processing your application.)

Yes <input type="radio"/>	No <input type="radio"/>	<p>1. Has your application, or your license, registration, certificate, or privilege to practice in any jurisdiction, of any level (does not include driver's license or car registration):</p> <ol style="list-style-type: none"> Ever been denied or disciplined by a regulatory Board including but not limited to reprimanded, censured, fined, suspended, revoked, surrendered, limited or restricted, or placed on probation or monitoring? Ever been subject to a non-disciplinary probation or monitoring program? AND/OR Is your license the subject of a current investigation, inquiry, pending settlement or hearing in any state or jurisdiction? <p><i>If any answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation that includes the state or jurisdiction where the action occurred or is pending; and Copies of documents from the state or jurisdiction where there has been action, current investigation, or inquiry.
Yes <input type="radio"/>	No <input type="radio"/>	<p>2. Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you?</p> <p><i>If the answer is Yes, you must submit the following:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation including the events leading to your conviction; and Copies of court documents, including the actual conviction, sentence, and current status of sentence (i.e. all fines paid in full, completion letter from Parole or Probation Officer, etc.) or a letter/form from the court indicating no records are available.
Yes <input type="radio"/>	No <input type="radio"/>	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation that addresses the impairment or limitations of practice; and If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan; Documentation from knowledgeable individual(s) documenting your length of sobriety; and Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).
Yes <input type="radio"/>	No <input type="radio"/>	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> A detailed letter of explanation regarding the events leading to the suit; and A copy of the complaint and current status of the case.

Section 3. Child Support Information.

Yes <input type="radio"/>	No <input type="radio"/>	I am subject to a court order that requires me to pay for the support of one or more children.
Yes <input type="radio"/>	No <input type="radio"/>	N/A <input type="radio"/> I am in compliance with that court order. (If you answered <i>No</i> to the question above, mark N/A.)

Section 4. Safe Injection Practices.

Yes <input type="radio"/>	No <input type="radio"/>	I affirm (swear) that I have knowledge of and am in compliance with the guidelines of the Centers for Disease Control and Prevention concerning the prevention of transmission of infectious agents through safe and appropriate injection practices.
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Section 5. Military Status (You must submit a copy of your/your spouse's military issued DD214 or identification card in order to qualify for the reduced application fee. All applicants must answer the questions below; the reduced application fee applies to endorsement applications only)

Yes <input type="radio"/>	No <input type="radio"/>	I am an active United States military member or the spouse of an active United States military member.
Yes <input type="radio"/>	No <input type="radio"/>	I am a United States military veteran.
Yes <input type="radio"/>	No <input type="radio"/>	I am the spouse or the surviving spouse of a veteran.

Affirmation

<p>I affirm (swear) that I have read this application and the statements made are true and correct. <i>If I have indicated a credit card number below, I authorize the application fee be charged to that credit card.</i></p>	
Signature _____	Date _____

Fee Schedule

RN by endorsement (includes \$5 fee for national database check)	\$105
RN by endorsement with military discount (Military discount applies to endorsement applications only and proper documentation must be included with the application)	\$52.50
RN by examination	\$100
RN Interim Permit (For examination applications only)	\$25
LPN by endorsement (includes \$5 fee for national database check)	\$95
LPN by endorsement with military discount (Military discount applies to endorsement applications only and proper documentation must be included with the application)	\$47.50
LPN by examination	\$90
LPN Interim Permit (For examination applications only)	\$25

You may pay by credit card (MasterCard, Visa, Discover, American Express) personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN). U.S. Funds only. Please note: If you do not submit the required fees, your application will not be processed. All Fees are non-refundable. There is a \$25 fee for checks returned by your bank.

Before you submit your application, please make sure you:

- Have answered ALL the questions in the top portion and sections 1 through 5.
- Signed the Affirmation.
- Have submitted all required documentation (see attached instructions for list of documents).
- Have submitted the correct fee.
- Have verified your current mailing address.
- Completed the fingerprint requirement

If Paying By Credit Card, Please Complete

Visa MasterCard Discover American Express Card Number _____ Expiration Date _____ Amount \$ _____ Name on card _____

Additional Information Regarding Eligibility Screening Question #2

Important

- Even if you have been told a conviction has been expunged, sealed, dismissed, dropped, etc., it may still show up on your fingerprint report. **In such situations where you were NOT convicted, you may answer no to the question, and include a letter of explanation and court document indicating the outcome of the case with your application. This will prevent staff from asking about it upon receipt of your fingerprint results.**
- A Criminal Conviction is defined as being found guilty of a criminal offense in a court of law.
- You could have been convicted even if you didn't spend any time in jail.
- Criminal convictions include misdemeanors and felonies.
- If you answered "NO" to Question #2 and the Board finds you have a conviction, your application will be denied as a fraudulent application.
- If you answered "YES" to Question #2 and do not attach the required documents, your application will not be considered by the Board until you provide the documents.

The Nevada State Board of Nursing requires all applicants for nursing licenses and nursing assistant certificates to answer six screening questions. These questions address discipline in another state, criminal convictions, chemical dependency, medical and mental health conditions, and malpractice cases. In addition, all applicants must submit their fingerprints for an FBI and State of Nevada criminal background check.

Question #2 reads: **Have you ever had a criminal conviction, including a misdemeanor or felony, or had a civil judgment rendered against you? If the answer is YES, you must attach to this application the following:**

a. A letter of explanation including the circumstances leading to the conviction, date of offense, actual conviction (i.e. DUI, theft, etc.), sentencing requirements, and current status of sentence;

b. Copies of court documents identifying actual conviction and sentence and current status of sentence (i.e. all fines paid in full, etc). If no documents are available, a letter from the court stating such;

If you answered "YES" to Question #2 and attach the required documents, the Board may accept or deny your application. The Board considers each application individually, using the guidelines below.

Board staff will evaluate each applicant for licensure/certification on the basis of evidence of rehabilitation and the potential/actual risk to the public. Board staff has the discretion to clear the following when all legal requirements have been met:

1. A singular felony conviction occurring more than ten (10) years ago;
2. The conviction(s) do not involve an offense involving moral turpitude, or related to the qualifications, functions or duties of a licensee or holder of a certificate.

All applications will be presented to the Board for acceptance, denial, or other action upon determining that the applicant is guilty of a felony within the previous ten years, or any offense involving moral turpitude or related to the qualifications, functions or duties of a licensee or holder of a certificate.

If your application is presented to the Board for consideration, you will receive written notice regarding the date, time and location of the Board meeting. You may appear before the Board to present information on your rehabilitation and reasons you believe the Board should accept your application. At that time, the Board may deny your application, which is reported as a disciplinary action, or the Board may accept your application, granting you a license or certificate, possibly with restrictions.

If you have one of the criminal convictions listed below (1-15) and the Nevada State Board of Nursing grants you a license or certificate, the Nevada State Health Division will *not* allow you to work in any capacity in a facility for intermediate care, facility for skilled nursing, home health care, or a residential facility for groups.

1. Murder, voluntary manslaughter or mayhem;
2. Assault with intent to kill or to commit sexual assault or mayhem;
3. Sexual assault, statutory sexual seduction, incest, lewdness or indecent exposure, or any other sexually related crime that is punished as a felony;
4. Prostitution, solicitation, lewdness or indecent exposure, or any other sexually related crime that is punished as a misdemeanor, within the immediately preceding 7 years;
5. A crime involving domestic violence that is punished as a felony;
6. A crime involving domestic violence that is punished as a misdemeanor, within the immediately preceding 7 years;
7. Abuse or neglect of a child or contributory delinquency;
8. A violation of any federal or state law regulating the possession, distribution or use of any controlled substance or any dangerous drug as defined in [chapter 454](#) of NRS, within the immediately preceding 7 years;
9. Abuse, neglect, exploitation or isolation of older persons or vulnerable persons, including, without limitation, a violation of any provision of [NRS 200.5091](#) to [200.50995](#), inclusive, or a law of any other jurisdiction that prohibits the same or similar conduct;
10. A violation of any provision of law relating to the State Plan for Medicaid or a law of any other jurisdiction that prohibits the same or similar conduct, within the immediately preceding 7 years;
11. A violation of any provision of [NRS 422.450](#) to [422.590](#), inclusive;
12. A criminal offense under the laws governing Medicaid or Medicare, within the immediately preceding 7 years;
13. Any offense involving fraud, theft, embezzlement, burglary, robbery, fraudulent conversion or misappropriation of property, within the immediately preceding 7 years;
14. Any other felony involving the use or threatened use of force or violence against the victim or the use of a firearm or other deadly weapon; or
15. An attempt or conspiracy to commit any of the offenses listed in this paragraph, within the immediately preceding 7 years;

For questions on the Nevada State Board of Nursing's laws, regulations and policies regarding applicants with criminal convictions, please call toll free 1-888-590-6726.

For questions about the type of health care facilities in which you may work, please call the Nevada State Division of Health, Bureau of Health Care Quality and Compliance, in Carson City at 775-687-4475 and in Las Vegas at 702-486-6515.

Nevada State Board of **NURSING**

Endorsement Form

NOTE: Send this form to the state in which you were originally licensed by examination. Before mailing the form, you will need to contact that state board to determine the fee required for this service. If your state is enrolled in Nursys, you must submit a form online at www.nursys.com.

Part One: To Be Completed By Applicant

Applicant Name: _____ License Number: _____

Other Names Licensed Under: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

I am requesting licensure in the State of Nevada as: RN LPN OTHER

Signature of Applicant _____

Part Two: To Be Completed By Original State Of Licensure Board

Applicant's Name: _____

License Type: RN LPN OTHER License Number: _____ Status: _____

Original Date of Licensure: _____ Expiration Date: _____

Licensed By Examination: Type: _____ Date: _____ NCLEX Score: _____

SBTPE Scores: Medical _____ Surgical _____ Obstetric _____ Pediatric _____ Psychiatric _____

Licensed by Endorsement (from which state): _____

Licensed by Waiver (please explain): _____

Name of Education Program completed: _____

City/State: _____ Degree Awarded: _____ Graduation Date: _____

Disciplinary Information: Has license, registration, or certification ever been denied, revoked, suspended, reprimanded, fined, surrendered, restricted, limited, or placed on probation: Yes _____ No: _____ (If yes, please provide copies of all petitions, orders, etc)

Signature: _____ Title: _____

Board of Nursing: _____ Date: _____

(Seal)

5011 Meadowood Mall Way, Suite 300, Reno, NV 89502-6576 (fax) 775-687-7707

4220 S. Maryland Pkwy., Suite 300, Las Vegas, NV 89119-7524 (fax) 702-486-5803

www.nevadanursingboard.org • 888-590-6726 • nursingboard@nsbn.state.nv.us

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Nevada State Board of
NURSING

Third-Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form and have your signature notarized. Discard this form if you are submitting the application for yourself and do not want another person to act on your behalf.

I, _____, the undersigned, do hereby
authorize _____, whose address is
_____.

his/her agents or employees, to act for me and in my name with respect to my application
for licensure with the Nevada State Board of Nursing, as follows:

Act as my representative on all matters with the Board of Nursing.

This authorization ends on the date my permanent license/certificate is issued.

Date

Signature

State of _____

County of _____

This instrument was acknowledged before me on ____ / ____ / ____

by _____

SEAL

Notary Public

Nevada State Board of **NURSING**

Instructions for Completion and Submission of Fingerprint Card

If you download an application from the Board’s website, a fingerprint card will be mailed to you upon receipt of your application in the Board office. If you request an application by mail, a fingerprint card will be included in that packet. You are strongly encouraged to complete your fingerprints immediately and submit the completed form on the reverse side with the Civil Applicant Waiver OR the fingerprint card along with the Civil Applicant Waiver at the same time as your application.

1. If you fingerprint in Nevada, you are strongly encouraged to have your fingerprints submitted via electronic transmission (livescan) instead of submitting a fingerprint card. *Electronic transmission is only available if you have your fingerprints captured in Nevada.*

OR

2. You must submit a completed fingerprint card (Form FD-258) provided by the Nevada State Board of Nursing (the Board);
 - a. Complete the information block on the card, and make sure it is legible: **last, first, and middle names; signature; residence** (complete address); **citizenship; date of birth; place of birth; sex; race; height; weight; eyes; hair;** and **Social Security number** (if you have one). You will also need to make sure that the **Signature of Official taking prints** block is signed by the appropriate individual. Cards without these information blocks completed are considered “incomplete” and will be returned to the applicant. Illegible cards cannot be processed.
 - b. Fingerprinting on the Board’s coded card may be done by a law enforcement agency in any state or by a private fingerprinting service. (The Board’s website www.nevadanursingboard.org has a list of Nevada fingerprinting locations that offer electronic submission (livescan) as well as fingerprinting on cards.) The Board provides fingerprint capture **by appointment** in its offices.
3. Complete and detach the form on the reverse side, and send the fee and completed fingerprint card to the address below. If you have your fingerprints submitted by electronic submission, you will make payment to the agency that captures your fingerprints, but you must send a copy of your receipt to the Board.
4. All applicants must complete the attached Civil Applicant Waiver and submit it with the form on the reverse side of these instructions.
5. **Be sure:**
 - You have your fingerprints captured at an in-state (NV) livescan location (recommended); **OR**
 - A fingerprint card is completed and the card is not folded, torn or damaged in any way.
 - The Information block is complete and legible
 - The card is signed by the appropriate persons (applicant and official)
 - The coded card (Form FD-258) provided by the Board (or law enforcement agency) is used exclusively
 - You have completed and submitted the Civil Applicant Waiver

09/2016

Please note: If you have previously been fingerprinted for your place of employment or another board of nursing, we are unable to use those results. Federal law prohibits the sharing of fingerprint information. You will need to be fingerprinted specifically for the Nevada State Board of Nursing.

WARNING: Due to various factors, it may take up to four months for the Board to receive the official fingerprint results from the Department of Public Safety and FBI. A permanent license/certificate will not be issued prior to receipt of both fingerprint reports. A temporary license cannot be extended beyond the 6-month expiration date. You are urged to fingerprint early in the application process.

Fingerprint Submission Form

Mail to: Nevada State Board of Nursing, 5011 Meadowood Mall Way #300, Reno, NV 89502-6547 (888-590-6726)

If you completed a fingerprint card: Complete and attach this form and a payment of \$40.00 to your completed fingerprint card (Form FD-258). You may pay by credit or debit card (MasterCard, Visa, Discover, or American Express), personal or cashier's check, or money order, payable to the Nevada State Board of Nursing (NSBN), U.S. Funds only.

If you submitted fingerprints via electronic transmission: Complete this form and attach a copy of your receipt showing payment for transmission.

First Name _____ Middle Name _____

Last Name _____ Date of Birth _____

Address _____

City _____ State ____ Zip _____ Telephone Number _____

Application Type: RN LPN CNA MA-C

Licensed by: Endorsement Exam Renewal

APRN CRNA EMS/RN

Licensed by: Other Renewal

If paying by credit or debit card, please complete:

Visa _____ MasterCard _____ Discover _____ AMEX _____ Card number _____ Exp. date _____

Name on card _____ Amount \$40.00 Signature _____



CIVIL APPLICANT WAIVER

NOTICE OF NONCRIMINAL JUSTICE APPLICANT'S RIGHTS

As an applicant who is the subject of a Federal Bureau of Investigation (FBI) fingerprint-based criminal history record check for a noncriminal justice purpose you have certain rights which are discussed below.

1. You must be notified by (enter name of submitting agency) Nevada State Board of Nursing that your fingerprints will be used to check the criminal history records of the FBI and the State of Nevada.
2. If you have a criminal history record, the officials making a determination of your suitability for the job, license or other benefit for which you are applying must provide you the opportunity to complete or challenge the accuracy of the information in the record. You may review and challenge the accuracy of any and all criminal history records which are returned to the submitting agency. The proper forms and procedures will be furnished to you by the Nevada Department of Public Safety, Records Bureau upon request. If you decide to challenge that accuracy or completeness of your FBI criminal history record, Title 28 of the Code of Federal Regulations Section 16.34 provides for the proper procedure to do so:

16.34 – Procedure to obtain change, correction or updating of identification records.

If, after reviewing his/her identification record, the subject thereof believes that it is incorrect or incomplete in any respect and wishes changes, corrections or updating of the alleged deficiency, he/she should make application directly to the agency which contributed the questioned information. The subject of a record may also direct his/her challenge as to the accuracy or completeness of any entry on his/her record to the FBI, Criminal Justice Information Services (CJIS) Division, ATTN: SCU, Mod. D-2, 1000 Custer Hollow Road, Clarksburg, WV 26306. The FBI will then forward the challenge to the agency which submitted the data requesting that agency to verify or correct the challenged entry. Upon the receipt of an official communication directly from the agency which contributed the original information, the FBI CJIS Division will make any changes necessary in accordance with the information supplied by that agency.

3. Based on 28CFR § 50.12 (b), officials making such determinations should not deny the license or employment based on information in the record until the applicant has been afforded a reasonable time to correct or complete the record or has declined to do so.
4. You have the right to expect that officials receiving the results of the fingerprint-based criminal history record check will use it only for authorized purposes and will not retain or disseminate it in violation of federal or state statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.
5. I hereby authorize (enter name of the requesting agency) Nevada State Board of Nursing, to submit a set of my fingerprints to the Nevada Department of Public Safety, Records Bureau for the purpose of accessing and reviewing State of Nevada and FBI criminal history records that may pertain to me.

In giving this authorization, I expressly understand that the records may include information pertaining to notations of arrest, detentions, indictments, information or other charges for which the final court disposition is pending or is unknown to the above referenced agency. For records containing final court disposition information, I understand that the release may include information pertaining to dismissals, acquittals, convictions, sentences, correctional supervision information and information concerning the status of my parole or probation when applicable.

6. I hereby release from liability and promise to hold harmless under any and all causes of legal action, the State of Nevada, its officer(s), agent(s) and/or employee(s) who conducted my criminal history records search and provided information to the submitting agency for any statement(s), omission(s), or infringement(s) upon my current legal rights. I further release and promise to hold harmless and covenant not to sue any persons, firms, institutions or agencies providing such information to the State of Nevada on the basis of their disclosures. I have signed this release voluntarily and of my own free will.

A reproduction of this authorization for release of information by photocopy, facsimile or similar process, shall for all purposes be as valid as the original.

In consideration for processing my application I, the undersigned, whose name and signature voluntarily appears below; do hereby and irrevocably agree to the above.

Applicant's Name: _____
(PLEASE PRINT LAST, FIRST, MIDDLE)

Address: _____

Applicant's Signature: _____

Date: _____

Submitting Agency: Nevada State Board of Nursing

Address: 5011 Meadowood Mall Way #300, Reno, Nevada, 89502

Agency representative: Dinauer, Cathy
(PLEASE PRINT LAST, FIRST, MIDDLE)

Agency representative's Signature: *Cathy Dinauer, MSN RN*

Date: _____