

Nevada State Board of NURSING

Notification of Emergency License/Certificate Waiver During the Declaration of Emergency Directive 011

On April 1, 2020, Governor Sisolak issued an Emergency Directive 011 to temporarily waive licensing requirements for the following: nurse practitioners, advanced practice registered nurses, registered nurses, licensed practical nurses, certified nursing assistants, and nursing students. The waiver applies to qualified providers who currently hold a valid license/certificate in good standing in another state. Ineligible providers include those whose licenses/certificates have been revoked or voluntarily surrendered as a result of disciplinary proceedings. All individuals working under this directive must complete this form and return it to the Nevada State Board of Nursing. You are not required to obtain approval from the Nevada State Board of Nursing, once you have submitted this form you are immediately eligible to begin working under the directive. **Please note, this is a waiver of licensure/certificate; therefore, you will not be issued a license/certificate in Nevada but may practice in Nevada once this form is submitted. You may practice in Nevada under this waiver while Nevada is under a state of emergency only.**

First name: _____

Last name: _____

Mailing address: _____

City: _____ State: _____ Zip code: _____

Date of birth: _____ Phone number: _____

Please list your nursing license(s), CNA certificate(s) in all jurisdictions, you may attach a separate page if necessary (you must include the type of license/certificate and your license/certificate number), or indicate if you are a nursing student:

I attest that all current, expired, inactive or retired licenses/certificates are not revoked or voluntarily surrendered as a result of disciplinary proceedings.

I attest that all current, expired, inactive or retired licenses/certificates are in good standing (you are still in good standing if your license/certificate was suspended for non-payment of fees or continuing education).

Signature: _____ Date: _____

(we will accept an electronic signature)

You may fax the completed form to 775-687-7707, 702-486-5803, mail to 5011 Meadowood Mall Way Ste. 300, Reno, Nevada 89502 or 4220 S. Maryland Parkway, Ste. B300, Las Vegas, Nevada 89119 or email to nursingboard@nsbn.state.nv.us.