

STATE OF NEVADA

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DEPARTMENT OF BUSINESS AND INDUSTRY
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF NURSING
After Care/Individual Counseling

Name of nurse: _____
(Please print or type)

I am required to attend Aftercare that consists of:

- 2 individual counseling session each month (minimum);
- Weekly group counseling sessions

Verification of attendance for the month(s) of: _____
(Months/Year)

INDIVIDUAL

Date	Counselor	Notes

Group

Date	Counselor	Notes

Upload completed form to Spectrum or email to: eralph@nsbn.state.nv.us

Reno: 6005 Plumas St., Suite 100, Reno, Nevada 89519 - Telephone (888) 590-6726 - Fax (775) 687-7707

Las Vegas: 5820 S. Eastern Ave., Suite 200, Las Vegas, Nevada 89119 - Telephone (888) 590-6726 - Fax (702) 486-5803

www.nevadanursingboard.org