

STATE OF NEVADA

JOE LOMBARDO
Governor



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Director

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Executive Director

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

NEVADA STATE BOARD OF NURSING
Orientation Attendance

Telephone number home: _____

Cellular number: _____

E-mail: _____

May the Monitoring and Probation Investigator leave a message about your Agreement/Order?

Yes / No

I _____ have attended orientation on
(Please print name)

_____ informing me of my responsibilities with the Terms and Conditions of
(Date)

my Agreement/Order with the Nevada State Board of Nursing. I understand that I am

accountable for the full compliance of this Agreement/Order./

Signed: _____

Witness: _____

Email completed form to: eralph@nsbn.state.nv.us