

Louisiana State Board of Nursing

Telephone: (225) 755-7500 or (225) 755-7520
www.lsbn.state.la.us

CE AUDIT FORM # 2- NURSING EMPLOYMENT VERIFICATION

INSTRUCTIONS FOR THE RN SELECTED FOR CE AUDIT:

If you indicated either option # 1-A or # 1-B on the '[CE Audit Form # 1 – RN Verification Checklist](#)', this form **must** be completed and signed by your 2019 nursing employer(s) and mailed **by you** to LSBN along with your full audit response packet. This form must be completed/signed by personnel authorized by the employer such as the: DON, CNO, Charge Nurse, RN Supervisor, HR Department or Payroll Department. The employer(s) **must** provide the total number of hours and months you worked as an RN during 2019 and employment dates. It is the nurse's responsibility to obtain this completed/signed form from the employer(s) in sufficient time to include in the audit response packet which must be RECEIVED at the LSBN office no later than Thursday, March 12, 2020. Please read each question & answer on the '[CE Audit FAQ](#)' list carefully prior to compiling and submitting your audit packet to LSBN. The FAQ list provides valuable information to ensure a successful audit.

Mail this form and all other audit documentation to LSBN ATTN: CE Audit in one (1) envelope. If you wish to confirm that your packet was received in the LSBN office, mail the CE audit response packet to LSBN using a delivery service that provides you with a tracking number.

INSTRUCTIONS FOR THE NURSING EMPLOYER:

The RN providing this form to you has been selected for audit of his/her 2019 nursing continuing education (CE) by LSBN and must provide this form, completed and signed by an authorized representative with your company. Please complete and sign this form, clearly indicating the total number of hours the RN worked for your company **during the year of 2019**. Include the RN's initial hire date in space marked "From" and last date he/she worked in the "To" space below (write "Present" if still employed).

PLEASE RETURN THIS COMPLETED FORM DIRECTLY TO THE RN AS SOON AS POSSIBLE

Do NOT mail or fax this form to LSBN. The audited RN must submit this form to LSBN along with other audit documents

If the RN worked below 1,600 hours during the 2019 calendar year, check the '160-1599 hour' level and hand write the total number of hours he/she worked for your company during 2019 in the space provided.

Please TYPE or PRINT legibly Please provide **all** contact information requested in case LSBN needs to contact you for verification.

This is to certify that _____ is/was employed as a
Please PRINT the Registered Nurse's name above

Registered Nurse (RN) during 2019 as follows:

- 1,600 hours or more of nursing practice during 2019 (equivalent to 10 months @ 40 hours per week)
- 160 to 1599 hours of nursing practice during 2019 → → Provide total hours worked in 2019: _____
- 159 hours (or less) of nursing practice during 2019

Provide RN's employment dates below:

From: _____ **To:** _____
Original hire date: Month/Day/Year format Provide last day nurse worked: Month/Day/Year

Name of Hospital/Agency: _____

Department/Unit: _____

Address / City / State: _____

Telephone Number: _____ **Verifier's Email Address:** _____

TYPE or PRINT clearly both name and title of company representative completing this form.

Signature of the supervisor/authorized personnel noted above

Date signed/verified