

Louisiana State Board of Nursing

17373 Perkins Road, Baton Rouge, LA 70810

Telephone: (225) 755-7500 or (225) 755-7520

CE AUDIT FORM # 2- NURSING EMPLOYMENT VERIFICATION

INSTRUCTIONS TO THE REGISTERED NURSE SELECTED FOR AUDIT: Please have your 2011 nursing employer(s) complete, sign and return this form **directly to you**. The nurse being audited must **mail** the following documents to the Louisiana State Board of Nursing (in one envelope) for receipt at the Board office **by April 18, 2012**: CE Audit Form #1 (Audit Checklist), this completed employment verification form (CE Audit Form #2), and evidence of compliance with nursing continuing education (CE) requirements in 2011 (please read letter and checklist form carefully for type of CE proof accepted).

INSTRUCTIONS TO THE NURSING EMPLOYER(S): Please complete and sign this form for the nurse selected for CE audit and return this completed form **back to the nurse** to submit with the rest of their audit response packet. Do **not** send this form directly to the Louisiana State Board of Nursing. If the audited nurse had worked under 1,600 hours during the calendar year of 2011, check the **part-time** level below and write in the number of hours the nurse had worked in 2011 in the space provided. NOTE - The 1,600 hour full-time level is the equivalent of 10 months of nursing employment at 40 hours per week.

PLEASE TYPE OR PRINT LEGIBLY

This is to certify that _____ is/was employed

Print Registered Nurse's name above

as a Registered Nurse (RN) during 2011 as follows:

_____ 1,600 hours or more nursing practice during 2011 (Full-time practice - 10 months @ 40 hrs per week)

_____ 160 to 1599 hours nursing practice during 2011 (Part-time) → Number of hours worked in 2011 _____

_____ 159 (or less) hours of nursing practice during 2011

Please provide below the nurse's employment dates:

From: _____
Original hire date: Month/Day/Year format

To: _____
Provide last day nurse worked: Month/Day/Year
If nurse is still employed, please write to 'Present'

Name of Hospital/Agency _____

Department/Unit: _____

Street Address: _____

City / State: _____

Telephone Number: _____ **Fax Number:** _____

Please type or print the name & title of HR staff member (or other company authorized personnel) verifying the above applicant's nursing practice level for the year 2011

Signature of the supervisor/authorized personnel noted above

Date signed/verified

IMPORTANT NOTE: RNs selected for CE audit who fail to submit their complete audit response packet, *including this form signed/completed by their 2011 nursing employer(s)*, in sufficient time for the packet to be received at the Louisiana State Board of Nursing office **by April 18, 2012** may have their nursing license rescinded/inactivated and/or disciplinary action taken. The Board appreciates the cooperation of each nursing employer to provide this form back to the nurse quickly in order for him/her to meet this important deadline.