Louisiana State Board of Nursing

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

CE/NURSING PRACTICE AUDIT FORM # 2- RN NURSING EMPLOYMENT VERIFICATION

INSTRUCTIONS FOR RN SELECTED FOR AUDIT:

If you indicated option # 1 on the CE Audit Form #1 RN Attestation, this form must be completed and signed by your nursing employer(s) and mailed by you to LSBN along with all required audit documents in one envelope. 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 employment dates. If you worked less than 900 hours with an employer, the employer must also provide the total number of hours you worked as an RN during the 2-year licensure period. ***It is the RN's responsibility to obtain this completed/signed form in sufficient time to include with all required audit documents which must be RECEIVED at the LSBN office no later than the date/deadline in the correspondence notifying you that you were selected for the audit.*** Read each question & answer on the 'CE FAQs' carefully prior to submitting all required audit documents in one envelope to LSBN.

Mail this form and all other audit documentation to LSBN ATTN: CE/Nursing Practice Audit in *one (1) envelope.* If you wish to confirm that documents are received in the LSBN office, send mail to LSBN using a delivery service that provides you with a tracking number.

INSTRUCTIONS FOR NURSING EMPLOYER:

The RN providing this form to you has been selected for audit of his/her nursing CE/nursing practice 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 hours the RN worked for your company **during the 2-year licensure period**. Include the RN's initial hire date in the 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 required documents, including this form, to LSBN.

If the RN worked fewer than 900 hours during the 2-year licensure period, check the '0-899 hour' level and write the total number of hours he/she worked for your company during the 2-year licensure period in the space provided.

Please clearly PRINT and 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 RN's name above

Registered Nurse (RN) at the facility named below, practiced in a competent and safe manner within the scope of an RN and completed (select one):

☐ **900 hours or more of nursing practice within the preceding 2-year period**

☐ **0 to 899 hours of nursing practice within the preceding 2-year period ➔ Total hours worked:** _____

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:** _____

_____
Clearly *PRINT* name &*TITLE* of employer representative verifying employment & completing this form.

_____ _____
***Signature* of the supervisor/authorized personnel noted above** **Date signed/verified**

Revised: 2/12, 3/13, 5/14, 6/15, 9/16, 5/10, 8/19,2/20, 10/20,5/23,5/24