Louisiana State Board of Nursing 17373 Perkins Road, Baton Rouge, LA 70810 Main Tel: (225)755-7500 • Fax: (225) 755-7581

Verification of Nursing Employment

То:	
PLACE OF NURSING EMPLOYMENT / AGENCY	NAME OF SUPERVISOR
I,	_, Social Security Nbr:
(Name of Nurse/Applicant)	
have applied to the Louisiana State Board of Nursing for licer institution/company as a Registered Nurse for the following p	
From: to (Last d	
I hereby authorize you to release to the Louisiana State Board	l of Nursing for licensure purposes, the information requested below.
Date	Signature of Applicant
space marked "From" and the last date he/she last practi Please return this completed form directly to the RN as RN is required to submit this document to LSBN.	gaged in nursing practice. Include the RN's initial hire date in the iced in the "To" space below. Write "Present" if still employed. soon as possible. Do NOT mail or fax this form to LSBN. The
1. The above applicant is/was employed as a <u>Registered N</u>	Nurse from:
(Hire/Start Date) to (Last Day Worked of	
(Hire/Start Date) (Last Day Worked of	or 'Present' if still employed)
2. GENERAL WORK HISTORY: Met performance requ Performance NOT sat	uirements - tisfactory - (If NOT satisfactory, please attach an explanation)
Date	Signature and Title of Supervisor Completing Form
EMPLOYER/COMPANY:	
MAILING ADDRESS:	
PHONE and FAX NUMBER:	

12/12, 6/11, 12/23