

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
(504) 838-5791
FAX (504) 838-5279
www.lsbpne.com

BOARD ORDER/CONSENT ORDER ACKNOWLEDGMENT FORM

(To be completed and submitted by employer/assessor)

Date _____

RE: _____, LPN / applicant for licensure

I _____, hereby acknowledge receipt and
(Please Print)
review of the above named licensed practical nurse / applicant's board order/consent order,
including findings of facts and conclusions of law.

Print name of supervisor/assessor _____

Signature of supervisor/assessor _____

Name of facility _____

Address _____

Phone number _____

Instructions:

Employer – submit the form directly to the board office along with the Letter of Hire.

Assessor (psychiatrist/psychologist/addictionologist) – submit the form directly to the board office along with the entire assessment and treatment recommendations.