

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

AFTERCARE COUNSELOR INFORMATION
(THIS FORM IS TO BE COMPLETED BY AFTERCARE COUNSELOR)

DATE: _____

LPN'S OR APPLICANT'S NAME: _____

AFTERCARE COUNSELOR'S NAME: _____
(Please print)

NAME AND ADDRESS OF FACILITY: _____

E-MAIL ADDRESS: _____ **TELEPHONE:** _____

The board and Affinity eHealth have coordinated what we believe will provide an easy, convenient way for you to complete the reporting requirements concerning the above named individual's progress. After submitting this form to the board office, the board will submit your information to Affinity. After receiving your information, you will be sent step by step instructions on how to set up your online account.

I hereby verify that the above named individual has presented me with a copy of their initial assessment and treatment plan, along with a copy of his/her board order/consent order, including all findings of fact, and conclusions of law. I understand that he/she is required to submit to monthly random drug screens through the board.

I hereby verify that this individual has informed me that they are being prescribed the following medication(s): _____

SIGNATURE

DATE

SUBMIT TO: LOUISIANA STATE BOARD OF
PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LA 70001

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