

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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(504) 838-5791
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BOARD ORDER/CONSENT ORDER ACKNOWLEDGMENT FORM

(To be completed and submitted by assessor)

Date: _____

RE: _____

I _____, hereby acknowledge receipt and
(Please Print)

review of the above named licensed practical nurse/applicant's board order, including findings
of facts and conclusions of law.

Print name of assessor: _____

Signature of assessor: _____

Name of facility: _____

Address: _____

Phone number: _____

Email address: _____

Instructions:

Assessor, please complete, sign, and submit the form directly to the board office along with any treatment and recommendations records requested.