

Nevada State Board of
NURSING

Third-Party Authorization

If you would like someone other than yourself to act as your representative in the licensure process for this application, please complete this form and have your signature notarized. Discard this form if you are submitting the application for yourself and do not want another person to act on your behalf.

I, _____, the undersigned, do hereby authorize _____, whose address is _____,

his/her agents or employees, to act for me and in my name with respect to my application for licensure with the Nevada State Board of Nursing, as follows:

Act as my representative on all matters with the Board of Nursing.

This authorization ends on the date my permanent license/certificate is issued.

Date

Signature

State of _____

County of _____

This instrument was acknowledged before me on ____ / ____ / ____

by _____

SEAL

Notary Public