Nevada State Board of NURSING

Attendance at Nurse Support Group

Name of nurse: _____

(Please print or type)

Please indicate on attendance sheet if you are making up a meeting.

I am required to attend Nurse Support Group Meetings:

_____ Once a week _____ Twice a month _____ Once a month Other: _____

Verification of attendance for the month of: _____

(month/year)

Date	Facilitator	Facilitator Signature

E-mail completed forms to: compliance@nevadanursingboard.org or;
Fax completed forms to: 775-687-7729 (Please do not fax multiple copies) or;
Mail to: NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste. 300, Reno, NV 89502-6576