



Nurse Refresher Program

PHONE: (208) 367-1171 | WEB: <https://www.nurserefresher.org/>

EMAIL: nurserefresher@nurseleaders.org | MAIL: 6126 W State St, Ste 406, Boise, ID 83703-2741

Nevada Authorization Form

Participant Section

(Participant completes this section and sends it to Board of Nursing.)

Name: _____

Email: _____ Phone: _____

Address: _____

License Type: RN LPN

License Number: _____ License State: _____

License Status: Expired; not active Temporary; expires: _____
 Current active license; need to update practice standards

Board of Nursing Section

(Board of Nursing completes this section and sends it to Nurse Refresher Program.)

Contact Name: _____ Contact Title: _____

Contact Email: _____ Contact Phone: _____

Address: _____

The Board of Nursing for the State of Nevada deems this participant will be eligible for licensure upon completion of the program and once all other licensing requirements are met, including but not limited to: application submission, payment of fees, and background checks.

Authorizing Agent: _____ Date: _____

Send Final Report to: Email Address Mailing Address

Please return this completed form by email to nurserefresher@nurseleaders.org or by mail to Nurse Refresher Program, 6126 W State St, Ste 406, Boise, ID 83703-2741.