



# Nurse Refresher Program

PHONE: (208) 918-3273 | WEB: <https://www.nurserefresher.org/>

EMAIL: [nurserefresher@nurseleaders.org](mailto:nurserefresher@nurseleaders.org) | MAIL: 2210 S Broadway Ave, Ste 201, Boise, ID 83706

## 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](mailto:nurserefresher@nurseleaders.org) or by mail to Nurse Refresher Program, 2210 S Broadway Ave, Ste 201, Boise, ID 83706.