Self-Report of Possible Violation

Your Name_____ Telephone Number( )_____

Social Security Number_____ or LPN License Number_____

Address_____

Email Address (Optional)_____

If you think that you may have violated the Nurse Practice Act, or if you would like to report a problem you are having, please write a narrative statement in detail explaining what you would like to report.**<u>If it is a situation that needs immediate attention, you may call our office for information.</u>

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I certify that all of the information that I have provided is true and correct to the best of my knowledge.

_____ _____

Signature Date

Please mail or fax this form to the following:

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

COMPLIANCE REPORT

131 AIRLINE DRIVE, SUITE 301

METAIRIE, LOUISIANA 70001-6266

Telephone Number (504) 838-5791 Fax Number (504) 838-5279