Self- Report of Possible Violation

Your name_____ **Telephone number( )** _____

Social Security Number_____ **or L.P.N. license number**_____

Address_____

E-mail 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>

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

Your Signature **Date**

Please mail or fax this form to the following:

Louisiana State Board of Practical Nurse Examiners
Compliance Department
3421 North Causeway Boulevard, Suite 505
Metairie, Louisiana 70002-3715

Telephone number- (504) 838-5791

Fax number- (504) 838-5279