

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
3421 NORTH CAUSEWAY BOULEVARD, SUITE 505  
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(504) 838-5791  
FAX (504) 838-5279  
www.lsbone.com

**LETTER OF HIRE**

I, \_\_\_\_\_, LPN, **license#** \_\_\_\_\_ understand that I must inform my  
(LPN) (LICENSE #)  
employer that I hold a probated license in the State of Louisiana and that I must submit a copy of  
this form to be signed by my Director of Nurses and to be submitted to the Board office within 5  
days of hire.

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I, \_\_\_\_\_, \_\_\_\_\_, am aware \_\_\_\_\_, LPN  
(Administrator/Chief nursing Executive) (Title) (LPN)  
has a probated license and that I will have to submit quarterly employment evaluations concerning  
her employment as a Licensed Practical Nurse. The Board will send copies of evaluation forms  
directly to you when we receive this Letter of Hire form.

Facility Name: \_\_\_\_\_

Administrator/Chief Nursing Executive: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone # \_\_\_\_\_

Date hired as Licensed Practical Nurse on Probation: \_\_\_\_\_

Position of Hire: \_\_\_\_\_

\_\_\_\_\_  
**ADMINISTRATOR/CHIEF NURSING EXECUTIVE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**LICENSED PRACTICAL NURSE**

\_\_\_\_\_  
**DATE**

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