

## Notification of Board Order

The individual asking you to complete this form is a person monitored under a Virginia Board Order. The Order is a public document that may be obtained from the individual, or online from the Board's webpage or, if the monitored person is an RN or LPN, from Nursys.com.

**Please complete this form and return it to the Board via mail, email or fax.**

<b>Name of Person Monitored</b>	Occupation
<b>Signature of Person Monitored</b>	

License, Registration Or Certificate Number	Date
---	------

<b>Person Notified:</b>	
-------------------------	--

Agency or Facility: \_\_\_\_\_

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

Phone: \_\_\_\_\_

### Questions to be answered by the Person Notified:

What is your relationship to the person monitored?

Did the person monitored inform you of the Board's Order?

Yes    No      If yes, when were you notified?

Did the person monitored provide you with a complete copy of the Board's Order, including all *Findings of Fact* and the Board's action?

Yes    No      If yes, when were you notified?

***If you answered "No" to either of the above questions, please contact the Compliance Case Manager immediately at the Board of Nursing at 804 367-4536.***

Did you obtain a copy of the Board's Order from our website, or from Nursys.com?

Yes    No      If yes, when?

Were you informed of the Board Order by the Compliance Case Manager?

Yes    No      If yes, when?

<b>Name of Person Notified</b>	
--------------------------------	--

Title of Person Notified: \_\_\_\_\_

Role of Person Notified: \_\_\_\_\_

License, Registration Or Certificate Number	Date
---	------

<b>Signature of Person Notified</b>	
-------------------------------------	--

*Your cooperation is appreciated. If you have any questions, concerns or comments, please feel free to list them on the reverse of this page and to contact the Compliance Case Manager.*