

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
131 AIRLINE DRIVE, SUITE 301  
METAIRIE, LOUISIANA 70001-6266  
(504) 838-5791  
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## BOARD ORDER/CONSENT ORDER ACKNOWLEDGMENT FORM

(To be completed and submitted by assessor)

Date: \_\_\_\_\_

RE: \_\_\_\_\_

I \_\_\_\_\_, hereby acknowledge receipt and  
(Please Print)

review of the above named licensed practical nurse/applicant's board order, including findings  
of facts and conclusions of law.

Print name of assessor: \_\_\_\_\_

Signature of assessor: \_\_\_\_\_

Name of facility: \_\_\_\_\_

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

\_\_\_\_\_

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

Email address: \_\_\_\_\_

### ***Instructions:***

***Assessor, please complete, sign, and submit the form directly to the board office along with any treatment and recommendations records requested.***