

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS  
131 AIRLINE DRIVE, SUITE 301  
METAIRIE, LOUISIANA 70001-6266  
(504) 838-5791  
Fax: (504) 838-5279  
www.lsbpne.la.gov

**AFTERCARE COUNSELOR INFORMATION**  
**(THIS FORM IS TO BE COMPLETED BY AFTERCARE COUNSELOR)**

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

**LPN'S OR APPLICANT'S NAME:** \_\_\_\_\_

**AFTERCARE COUNSELOR'S NAME:** \_\_\_\_\_  
(Please print)

**NAME AND ADDRESS OF FACILITY:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

The board and Affinity eHealth have coordinated what we believe will provide an easy, convenient way for you to complete the reporting requirements concerning the above named individual's progress. After submitting this form to the board office, the board will submit your information to Affinity. After receiving your information, you will be sent step by step instructions on how to set up your online account.

I hereby verify that the above named individual has presented me with a copy of their initial assessment and treatment plan, along with a copy of his/her board order/consent order, including all findings of fact, and conclusions of law. I understand that he/she is required to submit to monthly random drug screens through the board.

I hereby verify that this individual has informed me that they are being prescribed the following medication(s): \_\_\_\_\_

**SIGNATURE**

**DATE**

**SUBMIT TO: LOUISIANA STATE BOARD OF  
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METAIRIE, LA 70001**

Revised 9/2013