

**BOARD MEETING ATTENDANCE**

Prior to commencement of the Board meeting, please complete and present this form to a Board staff member. The form will be signed and dated by the Board staff member and returned to you at the outcome of the meeting.

Please provide the completed attendance form to the Reno office of the Nevada State Board of Nursing.. It is your responsibility to provide this information as evidence of mandatory Board meeting attendance as stated in your Agreement/Order by the Board.

Name: \_\_\_\_\_  
(Respondent)

Signature: \_\_\_\_\_  
(Respondent)

Board Staff Member Signature: \_\_\_\_\_

\_\_\_\_\_  
Date