

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

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**NOTICE OF DISCIPLINARY ACTION AND AGREEMENT TO SIGN AUDIT FAILURE
CONSENT AGREEMENT**

TO: Lisa M.Shiltz , BSN, RN, Associate Executive Director

NURSE NAME _____ **License No.:** _____

By signing below, I **AGREE** that if I renew my nursing license by June 30th 2026, then I will have **discipline on my license and a monetary penalty** will be attached for having an audit failure. I also understand that if I do not sign the consent agreement, I will not be able to renew my nursing license during the next renewal period and that my license may be suspended due to nonpayment or noncompliance.

Signature of Nurse _____ **Date** _____

WITNESS: Printed Name and Signature by a **witness 18 years of age or older**

Home Street Address _____ City, State, Zip Code _____

Email Address _____

Telephone: Cell _____ Home _____ Work _____

If you have any further questions or concerns, feel free to contact me.

Very truly yours,

A handwritten signature in black ink, appearing to read "Lisa M. Shiltz".

Lisa M. Shiltz BSN, RN
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