

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR  
LICENSED PRACTICAL NURSES

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**NOTICE OF DISCIPLINARY ACTION AND AGREEMENT TO SIGN LAPSED LICENSE  
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 30<sup>th</sup> 2025, then I will have **discipline on my license and a monetary penalty** will be attached for working on a lapsed license. 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:** **PHONE #** \_\_\_\_\_

\_\_\_\_\_  
**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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