

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR
LICENSED PRACTICAL NURSES

MICHELLE L. CHAPMAN, MSN, MBA/HCM, RN-BC
EXECUTIVE DIRECTOR
E-MAIL: Michelle.L.Chapman@wv.gov

LISA M. SHILTZ, BSN, RN
ASSOCIATE EXECUTIVE DIRECTOR
E-MAIL: Lisa.M.Shiltz@wv.gov

WEB: <http://www.lpnboard.state.wv.us>
E-MAIL: lpn.board@wv.gov



101 DEE DRIVE, SUITE 100
CHARLESTON, WEST VIRGINIA 25311-1688

TELEPHONE
(304) 558-3572

FAX
(304) 558-4367

TOLL FREE
1-877-558-5767

NOTICE OF DISCIPLINARY ACTION AND AGREEMENT TO SIGN 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, 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**

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,

Handwritten signature of Lisa M. Shiltz.

Lisa M. Shiltz BSN, RN
Associate Executive Director
WV State Board of Examiners for Licensed Practical Nurses
Phone: 304-558-3572
Fax: 304-558-4367
Email: Lisa.M.Shiltz@wv.gov
MLC/lms 2023