

WEST VIRGINIA STATE BOARD OF EXAMINERS FOR  
LICENSED PRACTICAL NURSES

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**NOTICE OF AGREEMENT TO ACT AS REPORTING EMPLOYMENT SUPERVISOR**

**TO:** Michelle L. Chapman, MSN, MBA/HCM, RN-BC, Executive Director  
Lisa M. Shiltz, BSN, RN, Associate Executive Director

**RE:** \_\_\_\_\_ L.P.N.      Case No. BPN: \_\_\_\_\_

This is to notify the West Virginia State Board of Examiners for Licensed Practical Nurses (hereinafter Board) that I agree to act as reporting supervisor for the above-named licensee in his/her employment setting as mandated by the Consent Agreement/Board Order executed between him/her and the Board. I also hereby notify the Board that I have read the aforementioned Consent Agreement/Board Order, and understand the terms imposed. In the event that my relationship as reporting supervisor for the above-named licensee is terminated, I agree to notify the Board within ten (10) working days of the date and reason for said termination.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility/Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone