

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



TELEPHONE
(304) 558-3572

FAX
(304) 558-4367

TOLL FREE
1-877-558-5767

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

REPORT OF WORK PERFORMANCE DUE BY THE 15TH and 30TH OF EACH MONTH

LICENSEE NAME: _____ **DUE DATE:** _____

THIS FORM SHOULD BE HANDWRITTEN
and sent directly to the West Virginia State Board
of Examiners for Licensed Practical Nurses from the Employer

Have you received a copy of the Consent Agreement/Board Order: YES or NO License # _____

LIST DUTIES AND RESPONSIBILITIES BEING CARRIED OUT BY LICENSEE:

DISCUSS QUALITY OF NURSING CARE PROVIDED BY LICENSEE: _____

DESCRIBE HANDLING OF NARCOTICS/OTHER DRUGS:(IF APPLICABLE)

SINCE LAST REPORT:

NUMBER OF SHIFTS WORKED PER WEEK: _____ NUMBER OF ABSENCES: _____

It is my opinion that the above named licensee is in compliance with terms of his/her Consent Agreement/Board Order as they relate to nursing practice: AGREE _____ DISAGREE _____.

ADDITIONAL COMMENTS: _____

Signature Title Date

Name (Printed) Title

Facility/Agency:

Address:

Telephone Number: