

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.