

Iowa Board of Nursing

RiverPoint Business Park

400 SW 8TH Street, Suite B

Des Moines, IA 50309-4685

SUPERVISING IN HEALTH CARE FACILITIES LPN SUPERVISORY COURSE WAIVER REQUEST FORM

| | | |
|---|--------|-----------------|
| NAME: | | LICENSE NUMBER: |
| | | STATE: |
| ADDRESS: | | |
| | | |
| CITY: | STATE: | ZIP: |
| | | |
| EMPLOYER NAME AND LOCATION: | | |
| | | |
| REASON FOR REQUEST: | | |
| <input type="checkbox"/> The next available course is:(date)_____. | | |
| <input type="checkbox"/> Scheduled course canceled; next available course (date)_____. | | |
| If the reason for the waiver request is one of the above two items please submit upon course completion a photocopy of the certificate of completion to the attention of Lynn Linder, Iowa Board of Nursing, 400 SW 8 th St., Suite B, Des Moines, IA 50309. | | |
| <input type="checkbox"/> Full time student. School name:_____. | | |
| Credit hours,_____ Expected graduation date: _____. | | |
| If you do not complete the RN Program or do not become licensed as a RN, you will be required to take the next available supervisory course. Please notify the Board of Nursing immediately if you do NOT complete the RN Program or are unsuccessful on the RN-NCLEX exam. | | |
| <input type="checkbox"/> Part time student. School name:_____. | | |
| Credit hours,_____ Expected graduation date:_____. | | |
| <input type="checkbox"/> Other: _____. | | |

SIGNATURE:_____

DATE:_____

Completed waiver request forms must be submitted to the Iowa Board of Nursing, Attn: Lynn Linder, 400 SW 8th St Suite B, Des Moines, IA 50309.

Failure to comply with IAC 6.5(1) b. (2) could result in disciplinary action against your license.

| | |
|---|---------|
| FOR OFFICE USE ONLY | |
| WAIVER APPROVED: YES <input type="checkbox"/> NO <input type="checkbox"/> | LENGTH: |
| DATE: | THRU: |
| REASON DENIED: | |
| | |
| PROCESSED BY: | |
| | |