

**PREP LICENSEE INFORMATION FORM**  
**TO BE COMPLETED BY REFERRED LICENSEE FOR PREP ELIGIBILITY DETERMINATION**

PREP is an educational, non-disciplinary approach to address learning needs of individual nurses. Participation is voluntary and recognized as an early intervention for nurses who desire to address practice concerns before they potentially develop into significant practice deficits. Submission of the following information indicates your desire to participate.

(Please attach additional pages if needed)

<b>Current Mailing Address and phone numbers (including cell)</b>	<b>Address:</b>
<b>Home Email Address:</b>	<b>Ph #:</b>
<b>Prior counseling/disciplinary actions at current place of employment? Explain</b>	<b>Counseling Date(s):</b>
<b>If employed at current place of employment less than 2 years, previous employer and length of time employed?</b>	<b>Description of event(s):</b>
<b>Describe (in own words) issues/gaps in your practice resulting in referral to PREP</b>	<b>Previous Employer:</b>
<b>Do you accept responsibility for these issues/gaps?</b>	<b>Length of time:</b>
<b>Do you have internet access?</b>	<b>Resigned/Terminated?</b>
<b>What are your goal(s) for participating in PREP?</b>	
<b>Please indicate topic(s) you feel would be helpful to you in meeting your practice goals:</b> <small>(Note: The Board does not charge a fee for PREP participation, however courses are fee based and are normally the responsibility of the referred nurse)</small>	<b>Safe medication administration</b> <b>Critical Thinking</b> <b>Documentation</b> <b>Legal Scope of Practice</b> <b>Physical Assessment</b> <b>Communication/Collaboration</b> <b>Time Management</b> <b>Other</b>
<b>To create a plan that has the best chance of success, please identify additional resources you believe would be beneficial</b>	<b>No additional resources needed</b> <b>Partner with Preceptor(s) – (Employer sponsored)</b> <b>Regular meeting with manager to review progress</b> <b>Other</b>

**Licensee Signature:**

**Date:**

[Email completed form to:](mailto:Pamela@ncbon.com)

[Pamela@ncbon.com](mailto:Pamela@ncbon.com)

**Fax to:**

**(919) 781-9461 (Attention: Pamela Trantham)**

**Questions? Contact**

**(919) 782-3211 ext. 279**

*Compliance with the recommended individualized remediation Plan is the licensed nurse's responsibility. However, you are encouraged to submit evidence of compliance (copy of CEU Certificate) to the Board upon completion.*

*Referrals to PREP remain private; however, confidentiality is not assured. Records will be released in accordance with the North Carolina Public Records Statutes and Board policy when a legitimate request is submitted in writing.*

*Since PREP is non-disciplinary, there will be no publication to the Board's website or reporting to any national database (including NURSYS). In addition, the licensure verification status of a participating nurse will not change.*