

1ST NURSE REGISTRY
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Proof of Receipt of Rules & Statutes

PLEASE INITIAL TWO OF THE FOLLOWING:

- Florida Administrative Code Rules for Nursing Assistants and Home Health Aides
- Florida Statutes for Nursing Assistants and Home Health Aides
- Rules and Statutes for RNs & LPNs
- Nurse Practice Act

I, the undersigned, have received and read the above initialed Rules and Statutes, have had an opportunity to ask questions, and fully understand the contents of the Rules and Statutes and agree to abide by the Rules and Statutes.

Contractor/Employee Signature

Date

Company Signature

Date