



Please Fill OUT The following Information for your Emergency

**please use proper capitalization*

PLAN: Basic Information about the Nurse Registry (NR) License: _____ User: _____
Agency NR: _____
Address: _____ Password: _____

Phone Number: _____ (This number will be answered at all times)

Fax Number: _____

County (ies) Licensed in: _____ email: _____
(counties in your service area) Lease Landlord Name/phone: _____ ph: _____

Person in Charge during Emergency (Key Staff)

Administrator Name/Title: _____ Title: _____

Home Phone Number: _____

Work Phone Number: _____ ** do not not print or scan the form please*

personal email: _____

Cell Phone Number: _____ Alternate #: _____ **please use proper capitalization*
(alternate number can be a family member phone number)

Alternate Name/Title: _____ Title: _____

Home Phone Number: _____

Work Phone Number: _____

personal email: _____

Cell Phone Number: _____

3. Nurse Registry Owner(s) **please use proper capitalization* Registry Owner(s)

Name/Title: _____ Title: _____ Title: _____

Home Address: _____

Work Phone Number: _____

Home Phone Number: _____

PersonalEmail: _____

Cell Phone Number: _____ Alternate#: _____ Alternate Number: _____

**please use proper capitalization* *(alternate number can be a family member phone number)*

4. Registered Nurse in Charge:

Name/Title: _____ email: _____

Home Address: _____

Work Phone Number: _____

Cell Phone Number: _____ Provide Pediatric care, Minors: Yes No

Administrator: _____

Nursing Supervisor: _____ **PersonalEmail**
(MUST BE A DIFFERENT RN, not the RN in charge)

Education Coordinator Name/Title: _____
Personal Email

Medical Records: _____
Filing Clerk Name Personal Email

Submitted by (NAME): _____ **do not sign*

Backup Registry or Agency Name, Phone Number:

Date: _____

Backup Agency/Registry Address

** Please save the document in your computer, using Adobe Reader type the info, and then email back to us*

