

NURSE REGISTRY: * do not not print or scan the form please

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

www.pnsystem.com 305.818.5940

CEMP submission **NOT INCLUDED**

Emergency Plan only \$ 185.00

Add electronic submission \$ 100.00



Please Fill OUT The following Information for your Emergency PLAN:

*please use proper capitalization, means Use Capital Letter at beginning of Names, Street, City, then lower case

Basic Information about the Nurse Registry (NR)

User:

Nurse Registry:

License #:

Password:

Address:

Phone Number:

(This number will be answered at all times)

Fax Number:

Email:

County (ies) Licensed in:

(All counties in your service area)

Lease Landlord Name/phone:

ph:

Person in Charge during Emergency (Key Staff)

Administrator Name/Title:

Home Phone Number:

Work Phone Number:

Personal email:

Cell Phone Number:

alternate:

(can be a family member phone number)

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Alternate Name/Title:

Home Phone Number:

Work Phone Number:

Personal email:

Cell Phone Number:

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

Registry Owner 2 (if applicable)

Name/Title:

Title:

Home Address:

Home Address:

Work Phone Number:

Home Phone Number:

Personal email:

Cell Phone Number:

Alternate:

Alternate Number:

(alternate number can be a family member phone number)

4. Registered Nurse in Charge: *please use proper capitalization

Name/Title:

Email:

Home Address:

Work Phone Number:

Cell Phone Number:

Provide Pediatric care, Minors: Yes No

Administrator:

Nursing Supervisor:

Email:

(MUST BE A DIFFERENT RN, not the RN in charge)

Education Coordinator Name/Title:

Title:

Email:

Medical Records:

Email:

(Filing Clerk Name)

Submitted by (NAME):

Backup Agency Name: Phone Number:
Address:

*do not sign

Date:

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