

**NM BOARD OF NURSING DIVERSION PROGRAM FOR CHEMICALLY DEPENDENT NURSES
PARTICIPANT'S ENDORSEMENT OR RELOCATION OUT-OF-STATE
NOTIFICATION -- VERIFICATION FORM**

THE ADMINISTRATIVE RULES AND REGULATIONS READ IN PART:

Participants in the Diversion Program for Chemically Dependent Nurses (DPCDN), shall immediately notify the NM DPCDN of a pending relocation out-of-the-State of NM, and shall notify the Board of Nursing in the State in which the nurse intends to practice nursing that he/she is a participant in the NM DPCDN. A participant who relocates out-of-state must comply with the NM Diversion Program requirements until participant has been discharged from the NM Diversion Program.

- a. The confidential provisions of the NPA, Section 61-3-29.1 NMSA 1978, are not in effect if the participant leaves NM prior to discharge from the DP or had disciplinary action taken or pending by the Board.

PROCEDURE:

1. Licensee must notify the NM Board of Nursing Executive Director, in writing, of the intent to relocate out-of-the-State of NM, and provide the name of the State in which licensee will be living and working along with licensee's new address and phone number.
2. Licensee **do not send this form to the NM Board of Nursing**. Complete "Part One" below and submit to the **Board of Nursing where licensee will be relocating**.
 - a. Said Board of Nursing shall complete "Part Two" below and return the form to the NM Board.

PART ONE |

TO BE COMPLETED BY LICENSEE and SUBMITTED TO THE STATE BOARD OF NURSING IN WHICH LICENSEE INTENDS TO RELOCATE.

Date: _____ Relocating to the State of: _____

I, hereby, notify the _____ Board of Nursing that I am a nurse recovering from a chemical dependency and am participating in the NM Board of Nursing's Diversion Program. As a condition of my participation in the Program, I am required to notify the Board of Nursing in any jurisdiction in which I will be applying for licensure by endorsement and in which I will be practicing as a nurse while I am being monitored in the NM Program.

This is to authorize the NM Board of Nursing to release any information from my confidential Diversion Program file regarding my recovery and participation in the Program to the above mentioned Board of Nursing if requested, in writing, by said Board.

Licensee(printname) _____ NM License # _____

Licensee(signature) _____ Phone # _____

Address: _____

PART TWO |

TO BE COMPLETED BY THE RELOCATING BOARD & RETURNED TO THE NM BOARD OF NURSING.

This is to verify that _____ has notified the _____ Board of Nursing that he/she is a participant in the NM Diversion Program for Chemically Dependent Nurses.

B O A R D

S E A L

Preparer's Signature: _____

Preparer's Title: _____

Date: _____

6/08/11