Vermont Board of Nursing

LIST OF CURRENT MEDICATIONS
For Conditioned Licensees

Name (print):_____ Case Number_____

Complete and return this form to the Vermont Board of Nursing office. All prescribed and over-the-counter medications must be included. As changes to your medication regime occur, you must notify the Board in writing within 48 hours of the change(s). You will be asked to submit a completely updated list at least twice a year.

Please **print** clearly. Attach additional sheets if necessary.

Medication	Dose	Frequency	Date Prescribed	Prescribed By	
				Full Name of Provider	Credential

Signature:_____ Date: _____

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