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State of Vermont  
Office of the Secretary of State  
Professional Regulation  
Board of Nursing

Deborah L. Markowitz  
Secretary of State

William A. Dalton  
Deputy Secretary

Christopher D. Winters  
Director, Professional Regulation

**TREATING PROFESSIONAL AGREEMENT**

TO: The Vermont State Board of Nursing

I, \_\_\_\_\_ have read and understand  
**(Please print name)**

the ***Stipulation & Consent Order*** for

\_\_\_\_\_ and agree to assist him/her in meeting  
**(Licensee's Name)**

the requirements as noted in the Board Order.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_