**Designated Backup – Tool #1**

Designated Backup
The designated backup will be approved by the BON’s/agency’s appropriate authority and reviewed as needed, or at least annually, to make any needed changes (e. g full BON, agency head and /or board president).

Signatories
The appropriate authority, the EO and the designated backup, if appropriate will sign this plan.

Approved by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Board of Nursing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
Jurisdiction Date

Acknowledged by:

I acknowledge that I have reviewed this plan.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Appropriate authority Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board President / Chair Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Executive Officer Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Designated Backup Date