**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