

Nevada State Board of NURSING

CNA Nursing Supervisor's Report

Name of CNA: _____ Date: _____
(Please print or type) (Due last day of month)

Employer: _____ Department/unit: _____

To meet reporting requirements with the Nevada State Board of Nursing because my license is being monitored, please complete the following. (Attach additional pages as needed)

1. Attendance – please itemize any absenteeism, reasons for the absences, and provide the average number of hours worked by the CNA per pay period.

2. Job Performance:

- | | | |
|--|---------|--------|
| a. Consistently carries out assigned nursing functions. | ___ Yes | ___ No |
| b. Consistently handles work stress/stressors appropriately. | ___ Yes | ___ No |
| c. Complies with all rules, policies and procedures. | ___ Yes | ___ No |
| d. Displays consistent behavior pattern without upsets or changes. | ___ Yes | ___ No |

Please use the space below to explain any “No” answers or for any additional comments:

3. Has the CNA been warned/counseled for any reason? (Please explain if yes or attach counseling form)

4. Please attach any additional information you feel would assist the Board in its review of the CNA's practice.

Name of Supervisor: _____ Title: _____
(Please print or type)

Signature

Telephone number

Date

E-mail completed forms to: compliance@nevadanursingboard.org or;
Fax completed forms to: 775-687-7729 (Please do not fax multiple copies) or;
Mail to: NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6576