

Nevada State Board of NURSING

APRN/RN/LPN Nursing Supervisor's Report

Name of Nurse: _____ 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 nurse 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 nurse been warned/counseled for any reason? (Please explain if yes or attach counseling form)

Has the nurse had access to controlled substances? _____ Yes _____ No _____ No Restriction

4. Has the nurse been placed in a position where he/she is ‘In Charge’?
(‘Charge Nurse’ means a first line manager who has basic skills in supervision and leadership and has the authority to so function.) _____ Yes _____ No _____ No Restriction

5. Please attach any additional information you feel would assist the Board in its review of the nurse’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