

### CNA Initial Nursing Supervisor Report

This form must be completed by the nursing supervisor who is directly responsible for everyday nursing functions of: *(Please print clearly or type)*

Name of CNA: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Employment Including Orientation: \_\_\_\_\_

Describe the duties and responsibilities to be carried out by this CNA: *(Please attach a job description)*

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

Specific shift and hours to be worked per pay period: \_\_\_\_\_

*(i.e. 7A – 7P, 40 hours a week)*

NAC 632.048 “Direct Supervision” defined: Direct Supervision means the direction given by a supervisor of nurses who is periodically available at the site where care is provided to a patient or available for immediate guidance. Failure to supervise (NAC 632.890 (7)) is a violation of the Nevada Nurse Practice Act, which is grounds for discipline against the supervisor’s license by the Board.

I acknowledge that I have read the Order/Agreement for the above named nurse and I understand the role of the supervisor. I agree to submit reports in accordance with the requirements of the nurse’s agreement.

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

**Fax completed forms to: 775-687-7707** (Please do not fax multiple copies) or;

**Mail to:** NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6576