

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 and fax the counseling form to 775-687-7707 Attention Compliance Department)

4. Please document 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

Please upload to your SPECTRUM account