

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

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 document 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

Please upload to your SPECTRUM account