Nevada State Board of NURSING

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

E-mail completed forms to: eralph@nsbn.state.nv.us or;
Fax completed forms to: 775-687-7707 (Please do not fax multiple copies)