

STATE OF NEVADA

JOE LOMBARDO  
Governor



DR. KRISTOPHER SANCHEZ  
Director

PERRY FAIGIN  
NIKKI HAAG  
MARCEL F. SCHAEERER  
Deputy Directors

CATHY DINAUER  
Executive Director

DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF NURSING  
APRN/RN/LPN 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 Nurse: \_\_\_\_\_

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

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

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Describe the duties and responsibilities to be carried out by this nurse: *(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 form to: [eralph@nsbn.state.nv.us](mailto:eralph@nsbn.state.nv.us)

**Reno:** 6005 Plumas St., Suite 100, Reno, Nevada 89519 - Telephone (888) 590-6726 - Fax (775) 687-7707

**Las Vegas:** 5820 S. Eastern Ave., Suite 200, Las Vegas, Nevada 89119 - Telephone (888) 590-6726 - Fax (702) 486-5803

[www.nevadanursingboard.org](http://www.nevadanursingboard.org)