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

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 CNA 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

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

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