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

NEVADA STATE BOARD OF NURSING
CNA Nursing Supervisor's Report

Name of CNA: _____ Date: _____

Employer: _____ Department/unit: _____

To meet reporting requirements with the Nevada State Board of Nursing because my certificate 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 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 attach document*) _____

4. Please attach any additional information you feel would assist the Board in its review of the CNA's practice.

Name of Supervisor: _____ Title: _____

Upload completed form to Spectrum or email to: eralph@nsbn.state.nv.us