

STATE OF NEVADA

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

NEVADA STATE BOARD OF NURSING
CRNA/APRN/RN/LPN Nursing Supervisor's Report

Name of Nurse: _____ Date: _____

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 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*) _____

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

Name of Supervisor: _____ Title: _____

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