EMPLOYER REPORT

As the employer, the Board of Nursing Compliance Unit requests that you please take a few moments to complete this form. Please submit the report directly to the Compliance Unit Monitoring Agent by mail or by fax (# 614-995-3685).

Name of Nurse __________________________________________ (Check One)
Initial Report ________
Progress Report ______

Employer __________________________________________ Date of Hire _________

Address _________________________________________ Phone (     ) _____________________
________________________________________________________________________
Fax (     ) _____________________

Immediate Supervisor, Name & Title: _______________________________________________

Do you have knowledge that the nurse has violated the Consent Agreement or Order? Examples, include, practice errors or issues, narcotic discrepancy, impaired behavior, positive screen, violation of a restriction such as administering narcotics when the nurse has a temporary narcotic restriction.

YES__ NO ___ If YES, please attach appropriate documentation.

Has this nurse received disciplinary/counseling action since last report for failure to meet facility standards/ policy including but not limited to practice concerns?

YES ___ NO ___ If YES, please attach appropriate documentation and/or corrective plan.

Has any change in position, assigned duties, or schedule occurred since last report?

YES ___ NO ___ If YES, please describe _________________________________

For initial report only: Have you received copy of the nurse’s Consent Agreement or Board Order?
(Please check one) YES ___ NO__ DATE RECEIVED _____________

If employment is terminated, please immediately notify the Board or monitoring agent.

_____________________________________________
Signature and title of person completing the form

_____________________________________________
Date

NUR 6501

FORM MAY BE PHOTOCOPIED