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 Monitoring Unit by mail or by fax (# 614-867-9412).

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