



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