

CERTIFIED NURSING ASSISTANT
NURSING SUPERVISOR REPORT

NAME OF CNA (please print or type): _____

NAME OF NURSING SUPERVISOR (please print or type): _____

DATE REPORT DUE: _____

1. Please describe work attendance and itemize any absenteeism and reasons for absences
Please include number of hours worked.

2. Please describe the quantity and quality of work performed including ability to carry out assigned nursing assistant functions.

3. Please describe the CNA's ability to handle stress and interact with coworkers. (Give examples)

4. Please describe any warnings and/or counseling that have occurred.

5. Please provide any other information you feel would assist the Nevada State Board of Nursing in its review of the CNA's case.

Signature of Supervisor

Date

Please send to: Nevada State Board of Nursing
5011 Meadowood Mall Way, 300
Reno, NV 89502
FAX 775-687-7729
PHONE 1-775-687-7723