

RN/LPN INITIAL NURSING SUPERVISOR REPORT

This form must be completed by the nursing supervisor who is directly responsible for everyday nursing functions of:

Name of **Nurse** (PLEASE PRINT OR TYPE): _____

Name of **Supervisor** (PLEASE PRINT OR TYPE): _____

Name of Employer: _____

Address: _____

Phone: _____ *E-mail:* _____

Date of Employment Including Orientation: _____

DESCRIBE THE DUTIES AND RESPONSIBILITIES TO BE CARRIED OUT BY THIS RN/LPN (Please also attach job description):

SHIFT/HOURS TO BE WORKED PER PAY PERIOD: _____

NAC 632.048 "Direct Supervision" defined: "Direct Supervision" means the direction given by a supervisor of nurses who is periodically available at the site where care is provided to a patient or available for immediate guidance. **Failure to supervise (NAC 632.890 (7)) is a violation of the Nevada Nurse Practice Act, which is grounds for discipline against the supervisor's license by the Board.**

I acknowledge that I have read the Order/Agreement for the above named individual and I understand the role of the supervisor. I agree to submit reports in accordance with the requirements of the nurse's agreement.

Signature of Supervisor

Date

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