

Initial Supervisory Agreement for NP/RN/LPN/CNA

Completed by the nursing supervisor who is directly responsible for everyday nursing functions:

Name of Licensee/Certificate Holder (please print or type) _____

Name of Worksite Monitor (please print or type) _____

Name of Manager: (please print) _____

Employer: _____

Address: _____

Email: _____

Phone: () _____

Start Date: _____ (Including Orientation)

Position: _____ (Attach job description)

Shift: _____ Hours: _____

As the supervisor of the Probationer, I verify the following conditions:

- I confirm that I have been informed of her probation status.
- I agree to schedule the Probationer to work as follows:
 - Probationer may work up to 40 hours per week.
 - Probationer may work limited overtime to complete a shift.
 - Additional overtime may be evaluated after 12 months of compliance.
 - Probationer will not have access to narcotics in the workplace until she receives written approval from Board staff. (Access to narcotics is not required for this position.)
- I will immediately notify the Probation Staff of any concerns regarding the Probationer's practice, behavior or conduct.
- I will submit quarterly reports on forms provided by the Oregon State Board of Nursing.
- I will remove the Probationer from the work setting if there are signs of relapse or relapse behavior; or at the request of Probation staff. Practice will resume only after discussion with the probation monitor. I will also request a urine drug screen when possible.
- I understand that the Probation staff will communicate to me any concerns regarding the Probationer's lack of compliance with the terms and conditions of the Board Order.
- I agree to notify the Probation Monitor of any changes of the employment status of the Probationer within 3 days of occurrence.
- I will limit the persons who know of the Probationer's status to those individuals who need to know in order to assure that the terms and conditions of this contract are met.
- I confirm that the nurse will be directly supervised according to the definition below:

"Direct Supervision" means the presence of another licensed healthcare professional who is aware that the individual is on probation, is working in the same physical location (e.g. clinic, unit, building), is readily available to observe practice and provide assistance and meets the standard for supervisor training. Certified Nursing Assistants are required to be supervised by a healthcare professional functioning at a higher level of licensure.

Briefly describe how the Probationer will be supervised (e.g. audits, direct observation, meetings, etc).

I acknowledge that I have read the Stipulated Agreement and Board Order for the above named individual and that the worksite monitor and licensee/certificate-holder's supervisor have completed the Board required monitor/supervisor education.

Signature of Worksite Monitor: _____

Signature of Manager: _____

Date: _____

Please Mail to: Oregon State Board of Nursing
17938 SW Upper Boones Ferry RD
Portland, OR 97224
(971) 673-0683 FAX
Attention: Compliance Department