

DIRECT SUPERVISION SHEET

I, \_\_\_\_\_,

Name of Supervising Nurse (Print)

\_\_\_\_\_, have read and understand the terms of this Employer-  
License # and State

Employee Agreement between

\_\_\_\_\_ and \_\_\_\_\_. I understand  
Restricted Individual Name of Facility

that I will be responsible for providing direct supervision for

\_\_\_\_\_ according to the provisions of this Employer-Employee  
Name of Restricted Individual

Agreement. By signing this document, I agree to accept responsibility of providing direct  
supervision for \_\_\_\_\_ according to the provisions of the  
Name of Restricted Individual

Employer/Employee agreement.

This the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Supervising Nurse