

**STATE OF MISSISSIPPI  
BOARD OF NURSING  
COMPLIANCE EMPLOYER/EMPLOYEE AGREEMENT**

**MUST BE APPROVED PRIOR TO WORKING IN ANY HEALTHCARE-RELATED OCCUPATION**

1. This is to certify that \_\_\_\_\_, \_\_\_\_\_,  
(Name of Nurse) (License Number)  
agrees to the following conditions at

\_\_\_\_\_, \_\_\_\_\_,  
(Name of Facility) (Address)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
(City) (State) (Zip)

on the following unit/floor/physical location and type of patient \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

in the following capacity/position: \_\_\_\_\_.

This facility has \_\_\_\_\_ (number) of units, and \_\_\_\_\_ (number) beds per unit.

**A specific job description that includes duties which the restricted individual will be performing and for which the nurse will be responsible is attached to this agreement.**

2. A comprehensive written report regarding progress, or lack thereof, shall be submitted so that it will be received in the Board's office on or before the 15<sup>th</sup> of each month following the month about which the report is written. The initial report must encompass any remaining portion of the month for which the report is due. The following reports must encompass the entire month beginning on the first (1<sup>st</sup>) of the month. The monthly report shall consist of a day-to-day job performance evaluation with an emphasis on administration and documentation of controlled substances.
3. Said report shall be prepared by: \_\_\_\_\_.  
(Name and Title)
4. Any negative findings shall be submitted to the Board immediately. Any change in employment status and/or further violation of the Nurse Practice Law or Rules and Regulations of the Board of Nursing shall be submitted to the Board immediately.

5. The methodology/process by which the restricted individual's job performance is to be evaluated includes the following:

- a. Review of \_\_\_\_\_ (number) medical records/charts for documentation of care per month.
- b. Review of \_\_\_\_\_ (number) of medication administration records for documentation of medication administration per month.
- c. Direct observation of \_\_\_\_\_ (number) instances of administration of controlled substances.
- d. Direct observation of \_\_\_\_\_ (number) medication passes per month.
- e. Direct observation of \_\_\_\_\_ (number) interactions with patients per month.
- f. Interviews with \_\_\_\_\_ (number) patients per month.
- g. Interviews with \_\_\_\_\_ (number) peers per month.
- h. Other methods will include:

---



---



---



---



---

6. \_\_\_\_\_ will be responsible for the administration of this agreement.  
(Name and Title)

7. \_\_\_\_\_ must practice under the direct supervision of a \_\_\_\_\_ Nurse with an active, unrestricted license.  
(Registered/Licensed Practical as directed by board)

Direct supervision means that the supervising nurse must be physically present in the patient care unit where the patient is receiving nursing care or the restricted individual is providing patient care in a healthcare-related occupation. In situations where the restricted individual's employment is limited solely to non-patient care, the direct supervision means the supervising nurse must be physically present in and at the same site where the restricted individual is practicing nursing. In situations where the restricted individual's employment is limited solely to non-patient care in a non-nursing healthcare-related occupation, direct supervision may be provided by an administrator approved by the Board or other Board-approved individual.

8. Primary direct supervision will be provided by: \_\_\_\_\_.  
(Name of Direct Supervisor)

9. \_\_\_\_\_ shall be prohibited from working more than eighty-eight (88) hours in any two (2) week period. Employment will further be limited to working no more than twelve (12) consecutive hours in a 24-hour period.

10. \_\_\_\_\_ shall be prohibited from employment in the following settings and situations:

- |                                |                                      |
|--------------------------------|--------------------------------------|
| _____ home visits              | _____ addiction treatment            |
| _____ private duty             | _____ temporary assignments          |
| _____ temporary staffing       | _____ rural health clinic            |
| _____ any unsupervised setting | _____ physician's office             |
| _____ hospice                  | _____ long term chronic care setting |

For the first twelve (12) months, except under special circumstances and conditions, employment will further be limited from critical care areas where rapid change is anticipated or where patient acuity level is unstable including but not limited to:

<input type="checkbox"/> intensive care	<input type="checkbox"/> emergency room
<input type="checkbox"/> critical care	<input type="checkbox"/> labor and delivery
<input type="checkbox"/> operating room	
<input type="checkbox"/> chemical dependency unit	

**(SELECT A or B)**

**A. (If allowed to administer controlled substances by facility)**

Restrictions and terms regarding administration of controlled substances:

\_\_\_\_\_ will not carry the keys to the narcotic supply at any time.

\_\_\_\_\_ will not have access to controlled substances via any automated dispensing technology.

\_\_\_\_\_ will not call in prescriptions for controlled substances or take verbal/telephone orders for controlled substances at any time.

Any controlled substance that is given by \_\_\_\_\_ must be witnessed by:

\_\_\_\_\_ a Registered Nurse who holds an unrestricted license as follows:

\_\_\_\_\_ a Licensed Practical Nurse who holds an unrestricted license as follows:

1. removing controlled substances from storage area;
2. drawing up and/or preparing medication;
3. actual administration of medication;
4. actual wasting of any remaining medication;
5. signature of witness must appear on narcotic sign-out sheet.
6. No employee is to be coerced into being a witness. Witnesses do so voluntarily and are required to **NOT** sign if there is any doubt about adherence to any of the above. Any such doubt must be reported to charge nurse/supervisor/nurse manager.

\_\_\_\_\_ may not receive, sign for or transport controlled substances at any time.

Documentation, including but not limited to nurses notes, MARs and narcotic sign-out sheets will be reviewed by the immediate supervisor for completeness and accuracy or any inconsistencies at the end of each shift worked.

Narcotic count must be correct at the end of each shift worked. Any unexplained differences **WILL/MAY** (select by circling) result in submission to a urine, blood, and/or saliva drug screen.

**B. (If prohibited from administering controlled substances by the facility)**

\_\_\_\_\_ shall be prohibited from the administration of controlled substances for a minimum of \_\_\_\_\_ consecutive months.

At the end of this period, a revised agreement shall be submitted to the Mississippi Board of Nursing for approval which would allow \_\_\_\_\_ to administer controlled substances under specific provisions of direct supervision.

\_\_\_\_\_ will not receive, sign for or transport controlled substances at any time.

\_\_\_\_\_ will not carry the keys to the narcotic supply at any time.

\_\_\_\_\_ will not have access to controlled substances via any automated dispensing technology.

\_\_\_\_\_ will not call in prescriptions for controlled substances or take verbal/telephone orders for controlled substances at any time.

Narcotic count must be correct at the end of each shift worked. Any unexplained differences **WILL/MAY** (select by circling) result in submission to a urine, blood and/or saliva drug screen.

11. \_\_\_\_\_ agrees to furnish periodic unannounced urine and/or blood screen specimens on demand of \_\_\_\_\_ for the purposes of screening for the presence of alcohol or other habit forming substances, narcotics, barbiturates, amphetamines, hallucinogens, or other drugs having similar effect. This is separate from and in addition to any other drug screens which may be required by the Board. All screens will be forwarded to the Mississippi Board of Nursing. Refusal to furnish a urine and/or blood specimen for the purpose of having a drug screen performed will be reported to the Board immediately. All positive screens, regardless of number per month, will be sent to the Board immediately.

12. The original of this agreement will be forwarded to the Mississippi Board of Nursing with copies being forwarded to:

- a. Director of Nursing Services
- b. Facility Administrator
- c. Personnel Director
- d. Other (specify): \_\_\_\_\_

13. The above conditions will remain in effect for as long as \_\_\_\_\_ (Name of Restricted Individual)

holds a restricted license and is employed by \_\_\_\_\_ (Name of Facility)

14. This will be an open document and persons with professional interest and/or necessity of information will be shown this document by \_\_\_\_\_, only.

Telephone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Telephone number on unit of restricted individual: \_\_\_\_\_

Witness my signature the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Name of Restricted Individual

\_\_\_\_\_  
Director of Nursing Service

State of \_\_\_\_\_ County of \_\_\_\_\_

Personally appeared before me, Notary Public, in and for the county and state aforesaid, being duly sworn did in my presence execute the affidavit by affixing their signatures thereto. Further affiant saith not.

Witness thereof, I have affixed by seal and signature this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Seal

My Commission Expires: \_\_\_\_\_

**Agreement Approved by: \_\_\_\_\_, Compliance Division, MS  
Board of Nursing. Date Approved: \_\_\_\_\_.**

**Please note that the employer as named in this agreement will receive a separate letter approving said employer/employee agreement once the employer/employee agreement has been approved by Board staff. The restricted individual may not began nursing or healthcare related employment until said agreement has been approved by the Board of Nursing.**