



NOTICE OF EMPLOYER REPORTS

Please be advised that the following information relates to the monitoring of your compliance with the stipulations and regulations set by the enclosed Board Order.

You shall provide each present employer in nursing with a complete copy of your Order within five (5) days of receipt of the Order. While under the terms of the Order, you shall notify all future employers in nursing and present each with a complete copy of the Order prior to accepting an offer of employment.

1. Written notification on letterhead from the Employer must be submitted to the Board's office verifying receipt of the Order within ten days (10) of being received.

The **Employer Report of Supervised Practice** form is to be completed by your employer and submitted to this office if you are required to have periodic reports. This form is only to be used by employers who employ you as a nurse in the State of Mississippi. The Employer Report of Supervised Practice form **cannot be accepted prior to the effective date of the Order.**

1. If you are currently employed as a nurse, you are required to have your current employer submit the **Employer Report of Supervised Practice** form to our office within **ten (10) days** of your receipt of the Order.
2. If you change employers during the term of your Order, you will be required to have your new employer submit a new **Employer Report of Supervised Practice** form to this office within **ten (10) days.**

Once this office receives your initial Report of Supervised Practice form, you will then be required to have your employer submit the **Employer Report of Supervised Practice** form quarterly to the Board. All reports are due on the **fifteenth (15th) day** of March, June, September and December.

The first report is due within **ten (10) days** of starting to work as a nurse. Reports will only be accepted if received in this office within **two (2) weeks** of the due date. Please be aware that all reports must be submitted directly from the individual completing the report. You, however, are responsible for ensuring that all reports are received by the Board within the correct time frame. You are also responsible for ensuring that your Employer and the appropriate personnel at your place of employment have been notified of the Order.

You will be credited only for reports verifying your compliance with your stipulations during periods of time in which you are actually employed as a nurse.

713 S. Pear Orchard Rd.
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You will be responsible for your compliance as established with and by the Order of the Board without further notice from our office. Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary actions being taken against your license (including possible revocation of your license) due to your non-compliance.

Forms may be mailed, e-mailed or faxed:

Mailing address is:

**Mississippi Board of Nursing
Attn: Compliance Division
713 S. Pear Orchard Rd., Ste. 300
Ridgeland, Mississippi 39157**

E-mail address is:

reception@msbn.ms.gov

Fax number is: (601) 957-6301

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