

INDIRECT SUPERVISION SHEET

I, _____,

Name of Supervising Nurse (Print)

_____, have read and understand the terms of this
License # and State

Supervision Sheet between

_____ and _____. I understand
Restricted Individual Name of Facility

that I will be responsible for providing Indirect Supervision for

_____ according to the provisions of the Order of the Mississippi
Restricted Individual

Board of Nursing. By signing this document, I agree to accept responsibility of providing

Indirect Supervision for _____ according to the provisions of the
Name of Restricted Individual

terms as stated in the Order of the Mississippi Board of Nursing.

Specifically, I understand that I must remain on the premises where the restricted individual is practicing nursing and be readily available to provide assistance and intervention if necessary.

Further, I _____, affirm that I have a minimum of two (2) years' experience in the same or similar practice setting to which the restricted individual is currently working.

This the _____ day of _____, 20_____.

Supervising Nurse