

713 S. Pear Orchard Rd.
 Plaza II, Suite 300
 Ridgeland, MS 39157
 T: (601) 957-6300
 F: (601) 957-6301

MISSISSIPPI

Board of Nursing



REPORT OF SUPERVISED PRACTICE

Licensee: _____ **Reporting Date:** _____

Employing Institution: _____

Assigned to: _____ **Unit:** _____ **Status:** Full time () Part time () – No. Hrs/Wk _____

Shift: _____ **Position:** _____

Has there been a change in position or responsibilities in the past three (3) months?
 No () Yes () **Explain:** _____

Please evaluate the nursing practice of the above named nurse who has a restricted license and is on probation, pursuant to an Order by the Mississippi Board of Nursing.

Please circle the appropriate number. Excellent <5-4-3-2-1>Poor. Explain any ratings below 3. Additional comments may be made in the space provided on the back of this form.

WORK HABITS	RATING	COMMENTS
Completes assignments	5 – 4 – 3 – 2 -1	
Attendance/Punctuality	5 – 4 – 3 – 2 -1	
Follows policy and procedures	5 – 4 – 3 – 2 -1	
Organizes/Plans work effectively	5 – 4 – 3 – 2 -1	
THOUGHT PROCESS	RATING	COMMENTS
Functions independently	5 – 4 – 3 – 2 -1	
Handles complex tasks	5 – 4 – 3 – 2 -1	
Utilizes problem solving ability	5 – 4 – 3 – 2 -1	
Manages stressful situations	5 – 4 – 3 – 2 -1	
INTERPERSONAL RELATIONS	RATING	COMMENTS
Works as a team member	5 – 4 – 3 – 2 -1	
Communicates effectively	5 – 4 – 3 – 2 -1	

PLEASE CIRCLE APPROPRIATE ANSWER

If nurse administers controlled substances or has access to controlled substances, have there been any problems with this?	Yes No
Have there been any problems with documentation of controlled substances?	Yes No
Have there been any problems with documentation of medications?	Yes No

Has any job related behavior warranted requesting a drug/alcohol screen? (If yes, please explain below.)	Yes No
Have there been any problems with patient care and/or documentation?	Yes No

SUPERVISION

How frequently is the licensee supervised?

How is supervision provided?

Have there been any incidents requiring counseling, conferences, oral/written warnings since last report?

No () Yes () Explain and **ATTACH A COPY OF THE DOCUMENTATION TO THIS REPORT:**

Strengths and Weaknesses of Licensee:

Any negative findings must be immediately reported to the Mississippi Board of Nursing Compliance Division.

COMMENTS:

Please call the Mississippi Board of Nursing: Compliance Division at (601) 957-6300 to discuss any concerns or to receive any clarification regarding the nurse's probation. Thank You.

By my signature below, I certify that the above information is correct.

Supervisor's Signature: _____ Date: _____

Supervisor's name and title: (type or print) _____

Supervisor's telephone number: _____

Department Manager/ Director:

Signature: _____ Title: _____

Telephone Number: _____ Date: _____

Please mail, email, and/or fax completed form directly to: Mississippi Board of Nursing: Attn: Compliance Division: 713 S. Pear Orchard Rd., Ste. 300, Ridgeland, MS 39157.

The email address is reception@msbn.ms.gov and/ the fax number is (601) 957-6301.

Please **circle** the compliance officer's name:

M. Wynn V. Rucker

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