

Louisiana State Board of Nursing

17373 Perkins Road

Baton Rouge, LA 70810

Telephone: (225) 755-7500 Fax: (225) 755-7583

<http://www.lsbns.state.la.us>

EMPLOYER'S AGREEMENT

Directions: Employer(s) must review this individual's Board Order/Agreement prior to the individual beginning or returning to work (including orientation) and prior to completing this form, as applicable: 1) Employees with continuous employment (current employee who has retained employment and now has a Board order): **Mail this completed agreement to the Board and receive staff approval prior to returning to work.** 2) For all employees enrolled in the Recovery Nurse Program (RNP): After mailing this agreement to the Board office, **employer(s) must obtain Board staff approval prior to this individual beginning work/orientation.**

NURSE/APPLICANT INFORMATION

Name: _____

Address: _____

City

State

Zip

Phone: Home: () _____ Cell: () _____

Position of Individual: _____ Shift: _____

(7-3, 3-11, 11-7 etc.)

Unit/Department: _____ Anticipated Start Date: _____

EMPLOYER INFORMATION

Facility: _____

Address: _____

City

State

Zip

Please provide contact information to include:

1. Director of Nursing: _____ Phone: () _____

2. **Direct** RN Supervisor: _____ Position: _____

Shift: _____

(7-3, 3-11, 11-7 etc.)

3. Party authorized to complete **Performance Evaluation**: _____

Position: _____ Phone: () _____

Email: _____

The above named individual has been ordered or agreed to work with restrictions in the health care setting. Special monitoring procedures are required to facilitate safe practice and public safety. It is essential that the employer participate in this part of the monitoring requirements.

The following items are requested of the employer:

1. The individual must be supervised by an on-site healthcare professional who is higher on the organizational chart than the individual being monitored.
2. A nursing supervisor should be designated to serve as the contact person at the facility.
3. The supervisor or designated administrative person will submit a written report of the individual's job performance each month, bi-monthly or quarterly, depending upon the specified stipulations in Order/Agreement. This report is to be mailed to the Board **by the employer.**
4. Notify the Board in writing if any change in the direct RN supervisor.
5. Immediately notify the Board of any adverse reports, or performance issues, or any other violations of the Nurse Practice Act.
6. The following restrictions will apply **for RNP participants** unless participant is able to provide employer with documentation from the Board that restrictions no longer apply:
 - Shall not work nights (11 p – 7 a) or more than 40 hours per week.
 - Shall not work in high stress areas (ICU, CCU, ER, RR, etc).
 - Shall not carry controlled substance/narcotics keys or administer same.
 - Shall not work as a APRN
7. If working as an unlicensed personnel, individual may not legally perform, nor be assigned, nursing duties other than those allowable to other unlicensed nursing personnel.
8. The individual may be required to submit to supervised urine drug screens to be collected at prearranged laboratory or a screening facility per body fluid analysis policy of LSBN.
9. Additional terms may be specified in the Board Order or Agreement.

Your cooperation is appreciated.

I have received and reviewed the Board Order and/or RNP agreement.

_____	_____
Director of Nursing	(Date)
_____	_____
Direct On-Site Supervisor(s)*	(Date)
_____	_____
Nurse/Applicant Signature	(Date)
_____	_____
Board Staff	(Date)

* Nurses must have **on-site supervision** during the entire term of the program agreement or until completion of probation. The on-site supervisor must know the nurse is in the Recovering Nurse Program or if probated, has read the Board Order, must see the nurse regularly during the scheduled shift, must know the participant well enough to recognize any changes, and must be at least one level higher than the participant on the organizational chart.