

# Louisiana State Board of Nursing

17373 Perkins Road  
Baton Rouge, LA 70810  
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<http://www.lsbn.state.la.us>

## MONITORING 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 Supervision provided by (at least 2-RN's):

RN #1 \_\_\_\_\_ Position: \_\_\_\_\_ Shift: \_\_\_\_\_

RN #2 \_\_\_\_\_ Position: \_\_\_\_\_ Shift: \_\_\_\_\_

3. Party authorized to complete Nursing Performance Evaluation: \_\_\_\_\_

Position: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

(Unit Mgr or Director)

E-Mail: \_\_\_\_\_

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 **Directly Supervised** by an **on-site** Registered Nurse or 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 Board Order. The original of this report must be **mailed** to the Board by the employer.
4. Notify the Board in writing if any change in the **Direct RN supervisor(s)**.
5. **Immediately notify the Board of any adverse reports, or performance issues, or any other violations of the Nurse Practice Act.**
6. The individual may be required to submit to supervised urine drug screens to be collected at pre-arranged laboratory or a screening facility per body fluid analysis policy of LSBN.
7. Additional terms may be specified in the Board Order.

**Your cooperation is appreciated.**

**I have received and reviewed the Board Order.**

\_\_\_\_\_  
Director of Nursing/Supervisor

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Nurse/Applicant Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Board Staff)

\_\_\_\_\_  
(Date)