

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
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(504) 838-5791
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INITIAL NURSING SUPERVISOR REPORT - LETTER OF HIRE FORM

This form must be completed by the nursing supervisor who is directly responsible for everyday nursing functions of the LPN:
(Please print or type the information requested in the space provided below.)

Name of LPN: _____ *LA License Number: _____
***Please attach copy of LPN license presented by LPN.**

Name of Supervisor: _____ Name of Administrator/CNO: _____

Name of Employer: _____

Address of Employer: _____

Telephone Number: _____

Date of employment including orientation: _____

DESCRIBE THE DUTIES TO BE CARRIED OUT BY THIS LPN (Please also attach job description):

"Supervision" means that the supervisor (LPN, RN, or physician) has regular and consistent opportunities to evaluate the performance of the respondent.

If at any time the respondent is terminated or resigns from your facility, the Board must be notified and sent a copy of the separation papers.

I acknowledge that I have read the Consent Order/Board Order for the above named individual, and I understand the role of the supervisor. I agree to submit reports in accordance with the requirements of the respondent's order. I understand that failure to submit these reports timely could result in further disciplinary action being taken against the license of the above named individual, including suspension of license.

Signature of Supervisor _____
Date

As the Administrator/CNO, I am aware that _____ (Supervisor's Name) will be directly supervising the above respondent. I understand that as supervisor, he/she must have regular and consistent opportunities to evaluate the performance of the LPN.

Signature of Administrator/CNO _____
Date

Please mail to the above address within 10 days of hire.