

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
(504) 838-5791
Fax: (504) 838-5279
www.lsbpne.com

EMPLOYER'S AGREEMENT

This form must be completed by the on-site supervisor who is directly responsible for monitoring everyday nursing duties of the LPN:
(Please **print** or **type** the information requested in the space provided below)

Please attach a copy of the LPN's job description and allow 14 business days for processing.

Directions: The **on-site supervisor**, as well as the director of nursing, must review this individual's board order/consent order to include the findings of fact and conclusions of law 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 agreement to the board office within **ten (10) calendar days** of this individual returning to work; **2) Employees obtaining new employment:** mail this agreement to the board office within **ten (10) calendar days** of this individual beginning work/orientation.

Name of LPN: _____ LPN license Number: _____

Position of LPN: _____ Shift: _____
(7-3, 3-11, 11-7, etc.)

Please check one: Full-time: _____ Part-time: _____ PRN: _____

Unit/Department: _____ Start date: _____
(including orientation)

Name of facility: _____

Address of facility: _____

Telephone number: _____ Facsimile number: _____

Please fill out the following information for the **on-site supervisor**. This is the party that is authorized to complete the **Performance Evaluation**.

Name of **on-site** supervisor: _____ Supervisor shift: _____
(Print name and list credentials) (7-3, 3-11, 11-7, etc.)

Telephone number: _____ Facsimile number: _____

E-mail address*: _____

***The on-site supervisor will receive an email from Affinity with instructions on how to login and complete the quarterly evaluations. Please check your junk and spam folders if an email has not been received within 14 days of submission.**

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The above named licensed practical nurse has been ordered or has 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 employee should have given you a copy of their board order/consent order including all findings of fact and conclusions of law before returning to or beginning employment with your facility.

The following items are required of the employer:

1. The individual must be **directly supervised** by a registered nurse, licensed practical nurse, or physician. Note, if monitored by another LPN, that person must be higher on the organizational chart than the individual being monitored.
2. The **on-site supervisor** will submit a report evaluating the LPN's job performance each quarter. This report must be submitted to the board by the **on-site supervisor**.
3. Notify the board in writing if there is a change in the on-site supervisor by completing a new Employer's Agreement.
4. Immediately notify the board of any adverse reports, performance issues, or any other violations of the Nurse Practice Act, including but not limited to termination/resignation/separation.
5. Additional terms may be specified in the order.
6. **"Supervision"** means that the supervisor (LPN, RN, or physician) has regular and consistent oversight to evaluate the performance of the respondent. The **on-site supervisor** must be physically present at the facility at all times while the probated licensed practical nurse is working.
7. Nurses must have **on-site supervision** during the entire term of their probationary period or until completion of probation. The **on-site supervisor** must read the board order/consent order, must see the nurse regularly during the scheduled shift and must know the LPN well enough to recognize any changes.

I have received and reviewed the board order/consent order including findings of fact and conclusions of law.

Signature of Director of Nursing

(Date)

Signature of Direct on-site Supervisor*
(Party authorized to complete **Performance Evaluation**)

(Date)

Signature of nurse/applicant

(Date)

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BOARD ORDER/CONSENT ORDER ACKNOWLEDGMENT FORM

Date _____

RE: _____, LPN

I _____, hereby acknowledge receipt and review of the above
(Please Print)
named licensed practical nurse's board order/consent order, including findings of facts and conclusions of law.

Print name of on-site supervisor _____

Signature of on-site supervisor _____

Name of facility _____

Address _____

Phone number _____