

MARYLAND BOARD OF NURSING
DISCIPLINE AND COMPLIANCE DIVISION
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254

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WORK SITE REPORT FORM

The licensee asking you to complete this form is currently under the conditions and terms of a public order with the Maryland Board of Nursing. A Case Manager with the Maryland Board of Nursing is monitoring the licensee's compliance with the order. Please complete this form and return it to the Board via mail, email or fax. **THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.**

Date: _____

Name of Nurse: _____ License / Certification #: _____

[Please rate employee 1-5: 5=Exceeds Performance; 1=Does Not Meet Performance]

Relationship with Co-workers/Clients: _____

Attitude: _____

Professionalism: _____

Personality Changes: Yes No

Please tell us your assessment of this individual's work performance since last month (or the last report you filed) and include supporting comments: Very Good Good Fair Poor Very Poor
Comments/Concerns:

Has there been any workplace disciplinary action? Yes No Written Verbal
If yes, was it written or verbal? Please explain below.

Hours worked: Average work hours per day: _____ Average total hours per week: _____

Shifts worked: Day Evening Night Weekend

Attendance: Number of absences: _____ Number of late arrivals: _____

Employed as: _____

Length of time under your supervision: _____

Name of Facility: _____

Address: _____

Supervisor's Name (please print)

Signature of Supervisor

Title of Supervisor

Phone No.

THIS FORM MUST BE SUBMITTED BY THE EMPLOYER OR SUPERVISOR.

Date Received by HPMP:

For Office Use Only

Case Manager: