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## Employment Approval

Please submit completed form to Compliance for the Board's consideration of approval of employment  
**To be completed by the nursing supervisor who is directly responsible for everyday nursing functions**

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Name of Person Monitored: \_\_\_\_\_

Worksite Monitor's Name: \_\_\_\_\_

Supervisor who will complete *Performance Evaluations*: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Employment Start Date: \_\_\_\_\_ (Including Orientation)

Position: \_\_\_\_\_ (Attach job description)

Shift: \_\_\_\_\_ Hours: \_\_\_\_\_

**As the nursing supervisor, I verify that:**

- I have been informed of the monitored person's probation status and/or of the Board-Ordered terms and conditions restricting their practice.
- I have received a complete copy of the Board Order, from the person monitored, from the Board's website at [https://secure01.virginiainteractive.org/dhp/cgi-bin/search\\_publicdb.cgi](https://secure01.virginiainteractive.org/dhp/cgi-bin/search_publicdb.cgi), or from *Nursys*.
- I acknowledge that I have read the monitored person's Board Order, shared it with any worksite monitor, and will contact Compliance staff with any questions that I, or others, may have.
- I will schedule the monitored person based on any specific requirements in the terms of their Order.
- I will immediately notify the Board's Compliance staff of any concerns regarding the monitored person's practice, behavior, conduct, or employment status.
- I will submit quarterly *Performance Evaluations* of the person monitored on the forms provided by the Board and/or available at: [https://www.dhp.virginia.gov/nursing/nursing\\_forms.htm#compliance](https://www.dhp.virginia.gov/nursing/nursing_forms.htm#compliance).
- I understand that these quarterly reports are due *from 5 days before through 5 days after* the last day of each quarter; for example, for the quarter ending March 31, timely reports are received from 3/26 – 4/5.

**List on the back of this page the names & license numbers of any others who may supervise this person ➤➤**

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Signature of Worksite Monitor

Date

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Signature of Nursing Supervisor

Date