

# MONTANA STATE BOARD OF NURSING

PO BOX 200513 HELENA MT 59620-0513  
PHONE (406) 841-2238 / FAX (406) 841-2363

## LICENSEE SELF-EVALUATION QUARTLERY REPORT

Licensee's Full Name \_\_\_\_\_ Lic# \_\_\_\_\_

Licensee's Address: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ Job Title:  RN  LPN  Other: \_\_\_\_\_  
(if not RN or LPN and providing direct patient care, submit your job description if you have not already done so)

Status of Employment: (check one)  Full Time  Part Time  Not employed as a nurse during this reporting period

Name of Facility: \_\_\_\_\_ Location (City, ST): \_\_\_\_\_ Phone:(406) \_\_\_\_\_

**Ratings:** 1 = poor 2 = fair 3 = average 4 = above average 5 = excellent

Area of Performance/Competence	Rating	Comments
Patient/work caseload congruent with expectations of other licensed nurses	1 2 3 4 5	
Technical skills	1 2 3 4 5	
Understanding of, and compliance with, scope of practice and applicable standards of care	1 2 3 4 5	
Nursing judgment	1 2 3 4 5	
Attitude and behavior toward patients, coworkers, supervisors	1 2 3 4 5	
Patient care and organizational requirements for documentation	1 2 3 4 5	
Compliance with organizational policies and procedures	1 2 3 4 5	
Communication skills	1 2 3 4 5	
Effectiveness of professional and personal support systems	1 2 3 4 5	

**Additional Questions: (These questions relate to information about the organization in which the probationer is employed)**

<p><b>Which of the following describes your position? (check all that apply)</b></p> <p><input type="checkbox"/> Direct patient care</p> <p><input type="checkbox"/> Supervises others who provide patient care</p> <p><input type="checkbox"/> Office/Paperwork only, but requires nursing knowledge, skills</p> <p><input type="checkbox"/> Non-nursing duties</p> <p><input type="checkbox"/> Other (describe): _____</p>	<p><b>Which of the following describes your supervisor's position?</b></p> <p><input type="checkbox"/> Director of Nursing/Chief Nursing Officer/Nursing Department Head</p> <p><input type="checkbox"/> Other supervising nurse</p> <p><input type="checkbox"/> Employer/supervisor, not a nurse</p> <p><input type="checkbox"/> Other (describe): _____</p> <p><b>Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician..</b></p>
<p><b>Which of the following describes your organization?</b></p> <p><input type="checkbox"/> Acute Care Facility/Hospital</p> <p><input type="checkbox"/> Long Term Care</p> <p><input type="checkbox"/> Assisted Living</p> <p><input type="checkbox"/> Community-based or Ambulatory Care (including public health, home health, physician/APRN office practice/clinic, school health, correctional facility)</p> <p><input type="checkbox"/> Education Institution</p> <p><input type="checkbox"/> Other (describe): _____</p>	<p><b>What level/type of nurse is responsible for your routine supervision?</b></p> <p><input type="checkbox"/> Director of Nursing/Chief Nursing Officer/Nursing Department Head</p> <p><input type="checkbox"/> RN Manager/Supervisor</p> <p><input type="checkbox"/> Staff RN</p> <p><input type="checkbox"/> Other (describe): _____</p> <p><b>Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician.</b></p>
<p><b>Method(s) used to find out about scope of practice/practice decisions/issues:</b></p> <p><input type="checkbox"/> Call/e-mail Board Staff</p> <p><input type="checkbox"/> Board of Nursing Newsletter</p> <p><input type="checkbox"/> Web-based Query of Montana Nursing Statutes and Rules</p> <p><input type="checkbox"/> Association/Professional Publications</p> <p><input type="checkbox"/> Other (describe): _____</p>	

Pursuant to ARM 24.159.2301(2)(p), as a licensed nurse, you are legally mandated to report to the board any possible violation of the statutes or rules relating to nursing in the form of a complaint. This includes self-reporting violations that you commit, regardless of intentionality.

Signature of Licensee: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Licensee is responsible to ensure that this report is received by the board office on or before the DUE date. Late reports constitute a violation of the final order of the board and may result in further disciplinary action.**