

# MONTANA STATE BOARD OF NURSING

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

## SUPERVISOR / EMPLOYER EVALUATION REPORT

Licensee's Full Name: \_\_\_\_\_

Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_ s Job Title: \_\_\_\_\_

Status of Licensee's Employment: (check one)  Full Time  Part Time (\_\_\_\_ hrs/wk)  Employment terminated as of: \_\_\_\_\_

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

**Ratings: 1 = Poor 2 = Below Average 3 = Average 4 = Above average 5 = Excellent** (Any ratings below 3 must be explained.)

Area of Performance/Competence	Rating	<b>Please attach a written explanation for any ratings that are <i>Poor</i> or <i>Below Average</i>.</b>
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	

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

<p><b>Which of the following describes the licensee's 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 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. (Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician)</p> <p><input type="checkbox"/> Other (describe): _____</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"/> Educational Institution</p> <p><input type="checkbox"/> Other (describe): _____</p>	<p><b>What level/type of licensed professional is responsible for routine supervision of the licensee?</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>(Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician.)</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>	<p><b>Method(s) used to verify license status for the licensee and other staff:</b></p> <p><input type="checkbox"/> Call/e-mail Board Staff</p> <p><input type="checkbox"/> Fax</p> <p><input type="checkbox"/> Online License Look Up System</p> <p><input type="checkbox"/> Letter/Verification via mail</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.**

Name of Evaluator (*Please Print*): \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Evaluator's Title: \_\_\_\_\_

Employer evaluation reports must be submitted to the Board to ensure Licensee's compliance with the conditions of licensee's probation. Any reports submitted after the due date may have a negative impact on the probationer's license as late reports constitute a violation of the final order of the board. **Pursuant to ARM 24.159.1046 and 24.159.1246 the supervisor of a probationer must be a nurse or physician**