



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
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**Substance Addiction Recovery Program (SARP)
Nursing Employment, Primary Supervisor Report**

Name of SARP Participant: _____

License Type and Number: _____

Participant's Work Title: _____

Participant's Date of Hire: _____

Supervisor Name and Title: _____

License Type and Number: _____

Work Phone Number: _____ Email: _____

Employer Name: _____

Employer Address: _____

Time period covered by this report: _____ to _____

Attendance/ Tardiness	
What is the number of times the participant has been absent in the past 3 months?	
What is the number of times the participant has been tardy in the past 3 months?	
Was documentation provided to justify the excuse for the absence(s)/ instances of tardiness? If so, please briefly describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Was there administrative action because of the absence(s)/instances of tardiness? If so, please briefly describe:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
Nursing Practice	

In the previous 3 months, has the participant maintained appropriate professional interactions with:

1. Peers: ☐ Yes ☐ No 3. Patients/residents: ☐ Yes ☐ No

2. Supervisors: ☐ Yes ☐ No 4. Families/others: ☐ Yes ☐ No

Please explain as needed:

In the previous 3 months, has the Participant:

1. Demonstrated overall expectations of the nursing role: ☐ Yes ☐ No

2. Followed policies and procedures: ☐ Yes ☐ No

3. Demonstrated accuracy in documentation: ☐ Yes ☐ No

4. Exercised reasonable clinical judgement: ☐ Yes ☐ No

5. Sought supervision when necessary: ☐ Yes ☐ No

6. Demonstrated reasonable problem-solving abilities: ☐ Yes ☐ No

7. Completed assignments on time: ☐ Yes ☐ No

8. Does the participant pass medications? ☐ Yes ☐ No

If yes, what type of medications do they handle: ☐ Basic Medications ☐ with narcotic privileges

If yes:

A. Did the participant administer medications without incident? ☐ Yes ☐ No

B. If passing controlled substances, were there instances when participant failed to reconcile or resolve discrepancies with handling, administering, and wasting controlled substances? ☐ Yes ☐ No ☐ NA

Please explain as needed:

Please attach additional documentation as needed.

Please supply additional comments or recommendations here:

Please attach additional documentation as needed.

Please call SARP Staff at (617)973-0904 to report concerns, report evidence of a lapse/relapse, or with questions. This form may be mailed to the address found in the letterhead or faxed to (617)887-8786.

SUPERVISOR SIGNATURE: _____ DATE: _____

Form Revised January 6, 2023