



Commonwealth of Massachusetts
 Department of Public Health
 Bureau of Health Professions Licensure
Board of Registration in Nursing
 250 Washington Street Boston, Massachusetts 02108
**SUPERVISION REPORT FOR APRNs ON PROBATION WITH
 THE BOARD OF REGISTRATION IN NURSING**

(Please review the nurse's Probation Agreement or Order and complete this evaluation of the APRN's practice)

APRN's Name: _____ Docket No.: _____

RN License No.: _____ Expiration Date _____

APRN Clinical Category(s): _____ Certification No: _____

Certification Expiration Date _____ APRN's Job Title: _____

APRN: Independent Prescriptive Practice: Yes ☐ No ☐

Employer Name and Address: _____

Time period covered by this supervision report: Start Date: _____ to End Date: _____

Rate the following and explain any "Does Not Meet" ratings (use the "Comments" column and if needed the back of this form or include on supervisor's signed cover letter on facility letterhead).

| Practice being rated | Does Not Meet | Meets | Comments |
|--|--------------------------|--------------------------|----------|
| Has mutually agreed upon guidelines, if not in independent practice. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Complies with all federal, state laws and regulations governing prescriptive practice and the handling of and documentation of controlled substances (for APRNs with prescriptive practice), | <input type="checkbox"/> | <input type="checkbox"/> | |
| Performs only those activities within the APRN's authorized clinical category, scope of practice, competencies, and accepted standards of practice. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Makes appropriate diagnoses, diagnostic tests, evaluations, treatments, referrals and consultations. Documents completely. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Monitors effectiveness of therapeutic interventions within an appropriate time frame, makes changes and documents completely. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Interacts with patients in a therapeutic manner. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Manages stressful situations appropriately. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Communicates effectively. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Organizes and plans work effectively. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Demonstrates problem solving ability. | <input type="checkbox"/> | <input type="checkbox"/> | |
| Additional comments, if applicable. | <input type="checkbox"/> | <input type="checkbox"/> | |

**SUPERVISION REPORT FOR APRNs ON PROBATION WITH
THE BOARD OF REGISTRATION IN NURSING (continued)**

The APRN has worked an average of at least twenty (20) hours per week during the time period covered by this report. YES ☐ NO ☐

SUPERVISION

The APRN is always supervised at work: YES ☐ NO ☐

How is supervision provided? _____

Have there been any incidents involving the APRN requiring counseling, conference, oral/written warnings since last report? If yes, please explain and attach copies of all relevant documents.

How often are the APRN's patient records reviewed?

Any other nursing practice issues? Explain. _____

ADDITIONAL COMMENTS are appreciated

If needed, please use the back of this form or include on a separate letter signed by supervisor.

Please call the Probation Compliance Officer at (617) 973-0863 to discuss any concerns or for clarification regarding the APRN's probation.

SUPERVISOR'S SIGNATURE: _____ DATE SIGNED _____

Print: Name and Title of Supervisor completing this form

Supervisor's License No. _____ Supervisor Phone No. _____

PLEASE NOTE CAREFULLY:

This fully completed form must be submitted *with* the supervisor's signed cover letter written on the facility's letterhead:

By mail:
Probation Compliance Officer
DPH – BHPL, Board of Registration in Nursing
250 Washington Street
Boston, MA 02108

By fax: 617-973-0985
Attention: Probation Compliance Officer
By email: nursing.admin@state.ma.us