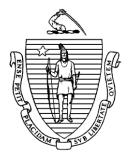


Commonwealth of Massachusetts Department of Public Health Bureau of Health Professions Licensure **Board of Registration in Nursing** 250 Washington Street Boston, Massachusetts 02108

## SUPERVISOR VERIFICATION, AND AGREEMENT TO MONITOR APRN PRACTICE AND PROVIDE PERIODIC REPORTS TO THE BOARD OF REGISTRATION IN NURSING

Name of APRN on Probation	
License No	Docket No(s)
APRN's Date of Employment:	APRN's Job Title:
Employer Name and Address:	certify that I am one of the following (please check) CNP/CNM/CRNA/PNMHCS/CNS (circle one) with a license and ARPN ation issued by the Board that is current ad in good standing MD with a license issued by the Board of Registration in Medicine that is current and standing. 'S SIGNATUREDate: Imme and Title of Supervisor completing this form) cense Type and No.: Supervisor Phone No.: E CAREFULLY: This completed form must be mailed <i>with</i> the supervisor's letter written on the facility's letterhead directly to: Probation Compliance DPH – BHPL, Board of Registration in Nursing
I,	(print supervisor's full name) on(inse
date) reviewed a signed copy of the Prol	bation Agreement (Agreement) or Order between
(insert	APRN's name) and the Board of Registration in Nursing
(Board). I hereby agree that I will monit	tor and evaluate this APRN's practice as specified in the
Agreement or Order, and will provide wr	
provided by the Board at the intervals re	
I also agree to promptly notify the	Board's Probation Compliance Officer if the APRN resig
or is terminated from employment.	
I further certify that I am one of th	e following (please check)
a CNP/CNM/CRNA/PNMHC	CS/CNS (circle one) with a license and ARPN
authorization issued by the Board	I that is current ad in good standing
a MD with a license issued	Docket No(s)APRN's Job Title: APRN's Job Title: (print supervisor's full name) on(insert ation Agreement (Agreement) or Order between APRN's name) and the Board of Registration in Nursing or and evaluate this APRN's practice as specified in the ten reports to the Board on the Supervision Report form uired by the Agreement or Order. Board's Probation Compliance Officer if the APRN resigns following (please check) S/CNS (circle one) with a license and ARPN that is current ad in good standing y the Board of Registration in Medicine that is current and Date: completing this form) Supervisor Phone No.: probation Compliance
in good standing.	
SUPERVISOR'S SIGNATURE	Date:
(Print/Type: Name and Title of Superviso	or completing this form)
Supervisor's License Type and No.:	Supervisor Phone No.:
signed cover letter written on the faci	ility's letterhead directly to: Probation Compliance

Adopted 11/6/16 Revised 8/14/017, 05/09/18, 06/21/21



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