

NM BOARD OF NURSING DIVERSION PROGRAM
6301 Indian School NE, Suite 710, Albuquerque NM 87110
Phone: 505-841-8345 Fax: 505-841-9092
SUPERVISOR REPORT FORM (due monthly)

LICENSEE NAME _____ **LICENSE #** _____

LICENSEE'S POSITION _____ **SHIFT/HOUR** _____

FACILITY NAME _____

FACILITY ADDRESS _____

PRINT SUPERVISOR'S NAME _____ **PHONE #** _____

MUST NOTIFY DP COORDINATOR OF ANY DP CONTRACT VIOLATIONS OR WORKPLACE CONCERNS IMMEDIATELY. PLEASE CONTACT DP COORDINATOR REGARDING VIOLATIONS IN WRITING OR BY PHONE 505-841-8345 OR FAX 505-841-9092.

EVALUATION FOR THE MONTH/YEAR OF _____

WORK HABITS (absenteeism, tardiness, unexplained absences, accidents, documentation problems, attire, etc.)

QUALITY OF WORK _____

INTERPERSONAL RELATIONSHIPS (peer relationships & workskills) _____

SPECIFIC AREAS OF CONCERN/PROBLEMS _____

WORKPLACE/PRACTICE RESTRICTIONS (NO ACCESS, NIGHTS, OT, OTHER, EXPLAIN) _____

ADDITIONAL REMARKS _____

SUPERVISOR SIGNATURE _____ **DATE** _____

SUPERVISOR TITLE _____ **PHONE #** _____