



**STATE OF MISSOURI**  
**DIVISION OF PROFESSIONAL REGISTRATION**  
**EMPLOYMENT STATUS REPORT**

**MAILING ADDRESS:**  
 STATE BOARD OF NURSING  
 ATTN: DIRECTOR OF COMPLIANCE  
 PO BOX 656  
 JEFFERSON CITY, MO 65102-0656  
 Email: nursingcompliance@pr.mo.gov

**DELIVERY ADDRESS:**  
 3605 MISSOURI  
 BOULEVARD  
 JEFFERSON CITY, MO 65109  
 Fax: 573-522-2143

**INSTRUCTIONS**

**Instructions to Nurse:** Please complete the top portion of the form. Submit this form to indicate your current employment status. If you are employed in a nursing position, please have your supervisor complete the second section of the form and return it to the Board office.

**Instructions to employer:** Please complete this form to assist the Board of Nursing in monitoring this nurse. This nurse is required to provide you with a copy of the disciplinary documents, which is either an Order or a Settlement Agreement. One of the conditions of this discipline is that the nurse must ensure that a performance evaluation is submitted by the supervisor. The nurse will provide you with due dates.

**TO BE COMPLETED BY THE NURSE REGARDLESS OF EMPLOYMENT STATUS**

Nurse's Name	License number
<input type="checkbox"/> I am currently employed in a nursing position. If you check this box, your employer must complete the rest of this form and return it to the Board of Nursing by the deadline date provided to you. If you have more than one employer, a form is required from each employer.	<input type="checkbox"/> I am currently employed in a non-nursing position. My dates of employment are:  _____
<input type="checkbox"/> I am currently not employed anywhere and have not been employed for the following dates:  _____	Place of Employment:  _____
	Job Title:  _____
Nurse's Signature	Date

**THIS SECTION MUST BE COMPLETED BY THE EMPLOYER IF THE NURSE IS EMPLOYED IN A NURSING POSITION**

Dates of Employment	Supervisor's Name & Title
Institution Name	Average Number of Hours Worked Per Month
Institution Address	Phone Number
Indicate Shifts: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night	
Attendance met expectations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, describe attendance problems.	
Quality of Work: <input type="checkbox"/> Excellent <input type="checkbox"/> Satisfactory <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unsatisfactory	
Has an evaluation or counseling session been held with the nurse in the past 3 months? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, provide a copy if in written form or explain if evaluation or counseling was verbal.	
Have there been any incident reports, complaints, or concerns reported about this nurse? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes, provide copy if written or explain if verbal.	
Supervision Provided: <input type="checkbox"/> On-Site <input type="checkbox"/> Direct <input type="checkbox"/> None	
What medications has the nurse administered in the last 3 months? <input type="checkbox"/> Non-controlled drugs <input type="checkbox"/> Controlled drugs <input type="checkbox"/> None	
In the past quarter, did the nurse consistently complete these activities according to policy and standards of nursing practice?	
Provide patient/resident/client care	<input type="checkbox"/> Yes <input type="checkbox"/> No
Complete nursing documentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Obtain/carry out provider orders	<input type="checkbox"/> Yes <input type="checkbox"/> No
Administer medications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicate with patient/residents/clients	<input type="checkbox"/> Yes <input type="checkbox"/> No
Communicate with colleagues/staff	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please attach a separate sheet explaining any no answers. Comments:	
Supervisor's Signature	Date