

**Vermont Board of Nursing**

**NURSING PROGRAM AGREEMENT  
For Conditioned Licensees**

TO: The Vermont State Board of Nursing

I, \_\_\_\_\_ have read the  
(Print Program Director/Chair's First and Last Name)

**Board Order** for \_\_\_\_\_, M \_\_\_\_\_  
(Licensee's First and Last name) (Case #)

and agree to assist the licensee to comply with the requirements, including providing a monthly report submitted on a form provided by Board by the 7<sup>th</sup> of each month that:

- Includes a brief description of the licensee's performance in classroom and clinical settings, including any practice issues or other difficulties encountered
- Documents any evidence of performance issues related to the reason disciplinary action was taken;
- Specifies any nursing errors made including medication, documentation and other practice errors;
- Reports level of supervision received and direction required;
- Reports number of hours in clinical on a weekly basis;
- Notes any absenteeism and/or problems with punctuality, including reasons
- Includes observations of a positive nature that indicate the licensee's professional competency and improvements in performance, as appropriate.

\_\_\_\_\_  
Signature of Program Director/Chair

\_\_\_\_\_  
Telephone Number/E-mail Address

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Organization Address

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date