

Vermont Board of Nursing

**EMPLOYER AGREEMENT
For Conditioned Licensees**

TO: The Vermont State Board of Nursing

I, _____ have read the
(Print Employer'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 7th of each month that:

- Includes a brief description of the licensee's job performance, 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 worked 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 Employment Supervisor

Telephone Number

Job Title of Supervisor

E-mail Address

Organization Name

Organization Address

_____/_____/_____
Date