

**Office of Professional Regulation
MANDATORY REPORT OF DISCIPLINARY ACTION
Board of Nursing**

3 V.S.A. §128

§128. Disciplinary action to be reported to board

(a) Any hospital, clinic or other health care institution in which a licensee performs professional services shall report to the appropriate board, along with supporting information and evidence, any disciplinary action taken by it or its staff which significantly limits the licensee's privilege to practice or leads to suspension or expulsion from the institution. The report shall be made within ten (10) days of the date such disciplinary action was taken. This section shall not apply to cases of resignation or separation from service for reasons unrelated to disciplinary action. (emphasis added)

NOTE: Send this report, within 10 days of the date the disciplinary action was taken to:

**Office of Professional Regulation
Vermont State Board of Nursing
National Life Building, North Fl. 2
Montpelier, VT. 05620-3402
FAX: 802-828-2484**

Type or Print legibly

A. Professional Information - (Name of the person you are reporting)

Last Name	First Name	MI	
License Type (LNA, LPN, RN, APRN) and License Number			
Mailing Address (PO Box, Street Number and Name)			
City	State	Zip Code	
Work Telephone	Home Telephone	Cell #	E-Mail (personal if known)

B. Complainant (Your) Information

Last Name	First Name	MI	
Facility Name / Mailing Address (PO Box, Street Number)			
City	State	Zip Code	
Work Telephone	Home Telephone	Cell #	E-Mail

C. Witness Information: (please list people who observed or heard the conduct being reported.)

First Witness

Last Name	First Name	MI	Title / License Type	
Mailing Address (PO Box, Street Number and Name)				
City	State		Zip Code	
Home Telephone	Work Telephone	Cell	E-Mail	

Second Witness, if any

Last Name	First Name	MI		
Mailing Address (PO Box, Street Number and Name)				
City	State		Zip Code	
Work Telephone	Home Telephone	Cell #	E-Mail	

Additional Witnesses, if any: Use separate sheet.

Please answer the following questions:

Hire Date: _____
 Disciplinary Action Date: _____
 Termination Date (if terminated): _____

Has this employee been disciplined before? Yes: _____ No: _____
IF YES, please submit disciplinary / corrective action forms with this mandatory report.

Is the current conduct a continuing pattern related to a previous discipline? Yes: _____ No: _____
IF YES, please submit all documents collected and or created during the course of the investigation with this mandatory report.

Have you conducted an internal investigation? Yes: _____ No: _____
IF YES, please submit all documents from that investigation with this mandatory report.

Was a written statement obtained from the employee being reported? Yes: _____ No: _____
IF YES, please submit with this mandatory report.

- Additional documentation to be submitted with this mandatory report (if applicable):
- () Nurses Notes
 - () Provider Orders
 - () Plan of Care
 - () Any Witness statements
 - () Employee Performance Evaluation (include past two evaluations)
 - () MAR
 - () Copy of facility policy violated

