

WORKPLACE NURSE MONITOR - CONFIDENTIAL REPORT

NH PHP Participant: _____ **Monitor:** _____

This NHPHP Participant has authorized you to complete quarterly reports regarding compliance with his/her monitoring agreement with the NHPHP under the Board of Nursing Board Orders. Accurate and prompt information from monitors is essential; please comment on all “yes” responses. Please notify Dr. Garhart at 491-5036 or sgarhart@nhphp.org immediately if you have any questions or concerns.

Quarter ending: please circle March 31 June 30 September 30 December 31

- 1) During the past three months, I have seen and spoken with this nursing licensee on average:
 _____ times a week or _____ times a month.

- 2) Is there any evidence of non-compliance with the NHPHP monitoring agreement, BON orders or expected professional behavior? No ___ Yes ___ Detailed concerns or comments:

- 3) Are there any concerns about communications, anger management, prescribing, dispensing, ethics, response time or recovery? No ___ Yes ___ Details:

- 4) Do you have any concerns regarding his/her ability to safely practice nursing? No ___ Yes ___
 Details:

- 5) Have you observed a change in his/her personal self-care such as excessive fatigue, decreased grooming, lack of exercise, weight change? No ___ Yes ___ Details:

- 6) Other concerns:

- 7) Would you like the NH PHP Medical Director to call you? No ___ Yes ___

Supervising nurse name	Signature	Date
Address _____	Telephone _____	
Email: _____		