



Board of Registered Nursing
1747 North Market Blvd., Suite 150, Sacramento, CA 95834
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HOME HEALTH – WORKSITE MONITOR AGREEMENT AND ATTESTATION

PLEASE REVIEW AND SIGN THIS FORM AFTER YOU HAVE FULLY REVIEWED THE FINAL DECISION AND ORDER, AND THIS FORM IN ITS ENTIRETY.

THE PROBATIONARY REGISTERED NURSE (RN) MAY NOT BEGIN WORKING UNTIL ALL FORMS HAVE BEEN RECEIVED AND YOU ARE PROVIDED WITH WRITTEN APPROVAL BY THE BOARD OF REGISTERED NURSING.

To qualify as an approved worksite monitor, a registered nurse must be in good standing (no current discipline) with the Board, unless alternative methods of supervision and/or collaboration (e.g., with an advanced practice nurse or physician) are approved. The worksite monitor (WSM) must agree to the following requirements and responsibilities:

1. The worksite monitor must be available to have person-to-person communication with the probationary RN each workday.
 - a. The RN shall maintain telephone or other telecommunication contact with the individual providing supervision and/or collaboration during each workday.
 - b. The worksite monitor shall conduct periodic on-site visits to patient homes visited by the probationary RN with or without the probationary RN present.
2. The worksite monitor is aware of the employment limitations -
 - a. The probationary RN shall not work for a nurse's registry, in any private duty position as a registered nurse, a temporary nurse placement agency, as a traveling nurse, or for an in-house nursing pool.
 - b. The probationary RN shall not work in any health care setting as a supervisor of RNs. The Board may additionally restrict respondent from supervising licensed vocational nurses and/or unlicensed assistive personnel on a case-by-case basis.
 - c. The probationary nurse shall not work as a faculty member in an approved school of nursing or as an instructor in a Board approved continuing education program.
 - d. The probationary nurse shall work only on a regularly assigned, identified and predetermined worksite(s) and shall not work in a float capacity.
 - e. If the probationary RN is working or intends to work in excess of 40 hours per week, the Board may request documentation to determine whether there should be restrictions on the hours of work.
3. I have an unencumbered California RN license, Advanced Practice certificate (e.g., Nurse Midwife, Nurse Practitioner, etc.) or MD license, am not a relative of the probationary RN, and am not an employee of the probationary RN.
4. I will monitor the probationary RN's job performance, including attendance, performance, and attitude, and interview my coworkers regarding their observations of and experiences with the probationary RN, as appropriate.
5. I will communicate with the probation monitor by timely completion of written reports. I understand that these reports may be discussed with the probationer by the probation

monitor.

6. I will notify the probation monitor within one hour if unusual behavior is exhibited by the probationary RN.
7. I will communicate to the probationary RN concerns or reports of which the probation monitor was notified.
8. I will submit reports and consent forms as requested by the probation monitor.
9. I agree to perform these responsibilities accordingly to serve as a worksite monitor to the probationary RN listed below and attest to the fact that I will meet all the requirements outlined above. I agree to notify the probation monitor in writing within one business day if the probationary RN is terminated or separated, regardless of cause, with a full explanation of the circumstances surrounding the termination or separation.

I acknowledge that I have reviewed the Board's Decision and Order placing the probationary RN on probation. I understand the Cause(s) for Discipline found to exist in the Decision and Order.

I will comply with any on-site audits conducted by the Board to ensure compliance with the above requirements.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Probationary RN Name:	Employer/Facility Name:
Worksite Monitor Name:	Worksite Monitor Phone Number:
Worksite Monitor License Type (RN, MD, etc.):	Worksite Monitor License Number:
Worksite Monitor Signature:	Date:
FOR PROBATION USE ONLY	
Probation Staff Signature:	Date: