

Employer's Report of Possible Violation(s) of the Law Relating to Practical Nursing

(PLEASE USE ADDITIONAL SHEET IF NECESSARY)

Full name of nurse being reported _____ License # _____

Nurse's full address _____

Social Security # _____ Telephone # _____

Name of reporting facility _____

Address _____ Telephone # _____

Email address _____ Fax # _____

Dates of employment FROM: _____ TO: _____

Unit offense occurred _____ Nurse's position or title _____

Nurse's immediate supervisor _____ Administrator _____

D.O.N. _____

Name and Title of individual filing this report _____

Was the nurse impaired on duty? ___ Yes ___ No

Was a drug screen performed? ___ Yes ___ No If yes, please submit a copy to include a copy of the chain of custody form. If no, was a drug screen refused? ___ Yes ___ No

Name and telephone # of Testing Lab _____

Identify by title, all accompanying documentation and its relevance.

1) _____

2) _____

3) _____

4) _____

5) _____

Procedures taken concerning accused: _____ Terminated? ___ Yes ___ No

If yes, date _____ Resigned? ___ Yes ___ No If yes, date _____

*Please include all documentation that pertains to your report of violation, eg., nurses notes, copies of MARS, Pyxis reports, time slips, prescriptions, witness statements, etc.

Previous disciplinary (counseling) actions? ___ Yes ___ No If yes, please include copies with your report.

Please attach a signed narrative statement from each witness listed below:

Witness _____ Home Address _____ Telephone #() _____

Witness _____ Home Address _____ Telephone #() _____

Witness _____ Home Address _____ Telephone #() _____

Witness _____ Home Address _____ Telephone #() _____

Describe fully the nature of the complaint: what occurred, when, date(s), where, etc. (use additional sheets as necessary)

PLEASE NOTE THAT YOU AND ANY WITNESS TO A VIOLATION COULD BE SUBPOENAED TO APPEAR AT A HEARING CONDUCTED IN THIS MATTER. IT IS IMPERATIVE THAT ALL INDIVIDUALS INVOLVED KEEP THE BOARD INFORMED OF ANY CHANGES IN ADDRESS OR TELEPHONE #.

I CERTIFY THAT THE INFORMATION CONTAINED HEREIN AND THE DOCUMENTS ATTACHED HERETO ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE OF REPORTING OFFICIAL

DATE SIGNED

PLEASE MAIL OR FAX THIS FORM TO THE FOLLOWING:
LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS
131 AIRLINE DRIVE, SUITE 301
METAIRIE, LOUISIANA 70001-6266
PHONE: 504-838-5791 FAX: 504-838-5279