



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

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Email: monitoring@azbn.gov

Home Page: www.azbn.gov

TO: NURSING EMPLOYER

FROM: AZBN – COMPLIANCE (MONITORING)

DATE: _____

PARTICIPANT: _____

Print Name of Nurse AP RN LPN LNA

The participant named above is required to have the following reports submitted on their behalf to The Arizona State Board of Nursing. All reports and other correspondence relating to this matter should be emailed to monitoring@azbn.gov or mailed to the above attention “COMPLIANCE (MONITORING)”

INSTRUCTIONS

1. On receipt of this notice, **please submit a letter, using letterhead, acknowledging receipt of a copy of the above participant’s Board Order and the date it was provided to you. Please inform the Board whether the provisions of the Order can be met within your institution/setting.** Example: If the Agreement requires “direct supervision,” acknowledge if this can be provided to the participant within your institution.
2. Periodically, the nurse according to a schedule they are given, will request you to submit a performance evaluation report. This form is available at www.azbn.gov/discipline-complaints/monitoring. Reports are due in this office by the last day of the reporting cycle. The participant has a schedule of exact due dates. If there is ever a problem with the due dates schedule, please notify “COMPLIANCE/MONITORING” at monitoring@azbn.gov.
3. Notify “COMPLIANCE/MONITORING” immediately should this nurse leave your employment for any reason or exhibit unsatisfactory performance in the work setting.

THANK YOU FOR YOUR COOPERATION