



**Board of Registered Nursing**  
1747 North Market Blvd., Suite 150, Sacramento, CA 95834  
P (916) 322-3350 | [www.rn.ca.gov](http://www.rn.ca.gov)

## **HOME HEALTH - EMPLOYER 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 employer, an employer must meet the following requirements and agree to the following responsibilities:**

1. The employer or worksite monitor(s) (WSM) providing supervision and/or collaborating shall have person-to-person communication with the probationary RN each workday.
  - a. The RN shall maintain telephone or other telecommunication contacts 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 employer is aware of and will abide by all the employment limitations.
  - a. The probationary RN shall not work for a RN's registry, in any private duty position as a registered RN, a temporary RN placement agency, as a traveling RN, 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 RN 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 RN shall work only on a regularly assigned, identified, and predetermined worksite(s) and shall not work in a float capacity.
3. 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.
4. The assigned worksite monitor(s) shall have an unencumbered California RN license, Advanced Practice certificate (e.g., Nurse Midwife, Nurse Practitioner, etc.) or MD license, and shall not be a relative of the probationary RN nor an employee of the probationary RN.
5. The employer and primary WSM is willing to monitor the probationary RN's nursing practice, including attendance, performance, and attitude, as appropriate.
6. The assigned worksite monitor(s) is/are willing to notify the probation monitor within one hour if unusual behavior is exhibited by the probationer.
7. The employer and primary WSM is willing to communicate to the probationer regarding

- concerns or reports of which the probation monitor was notified.
8. Submit reports and consent forms as requested by the probation monitor.
  9. This facility agrees to notify the probation monitor in writing within 72 hours if the probationary RN is terminated or separated, regardless of cause, with a full explanation of the circumstances surrounding the termination or separation.
  10. This facility agrees to perform these responsibilities accordingly to serve as an employer to the probationary RN listed below and attests to the fact that the facility will adhere to all the requirements outlined above.

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:
Facility Contact Name:	Facility Contact Phone Number:
Facility Contact Signature:	Date:
<b>FOR PROBATION USE ONLY</b>	
Probation Staff Signature:	Date: