ARKANSAS STATE BOARD OF NURSING
DEPARTMENT OF ENFORCEMENT

MONITORED NURSE EMPLOYER ACKNOWLEDGEMENT

Licensee: _____ License No.: _____

Facility: _____ Location: _____

Direct Supervisor (including title): _____

Supervisor Email: _____ Supervisor Phone: _____

Please read carefully and initial each item acknowledging the following:

___ 1. I acknowledge that the above-named licensee has provided a copy of their Consent Agreement or Board Order, and I have reviewed it.

___ 2. As the employer, I will provide a *'Performance Evaluation Report'* every three (3) months to the licensee to upload or submit directly to the Arkansas State Board of Nursing (ASBN) at ASBN.monitoring@arkansas.gov on behalf of the licensee. The licensee is responsible for obtaining the required form to be submitted and providing the applicable due dates.

I acknowledge that I have read and understand the above requirements.

_____ _____
(Employer Signature) (Date)

_____ _____
(Licensee Signature) (Date)

Instructions for Licensee if form given to you by employer:

- **Licensee with Affinity drug monitoring** – upload signed document in your Affinity account under Documentation/Reports/Available Reports/Add Attachment.
- **Licensee without drug monitoring** – please email to ASBN.monitoring@arkansas.gov.

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Located: Discipline\MONITORING\Monitoring – Documents & Forms