

DIRECT SUPERVISION SHEET

I, _____,
Name of Supervising Nurse (Print)

_____, have read and understand the terms of this Employer-
License # and State

Employee Agreement between

_____ and _____. I understand
Restricted Individual Name of Facility

that I will be responsible for providing direct supervision for

_____ according to the provisions of this Employer-Employee
Name of Restricted Individual

Agreement. By signing this document, I agree to accept responsibility of providing direct
supervision for _____ according to the provisions of the
Name of Restricted Individual

Employer/Employee agreement.

This the _____ day of _____, 20_____.

Supervising Nurse