

**Vermont Office of Professional Regulation  
Employer/Supervisor Report**

This report is due in the Office by the 15th of every month or beginning of quarter, reporting on the licensee's performance for the previous month or quarter. Please include detail sufficient for review and evaluation of the areas of concern delineated in the Order. Specifically note adherence to standards of practice for the profession.

<b>Licensee Name:</b>	<b>Case Number:</b>
<b>Job Title:</b>	<b>Date of Employment:</b>
<b>Supervisor Name/Credential:</b>	<b>Supervisor Job Title:</b>
<b>Supervisor Telephone:</b>	<b>Supervisor E-mail:</b>
<b>Organization Name:</b>	<b>Address:</b>

**Supervision provided** (should reflect Order): ☐ On-site ☐ Direct ☐ Review & evaluation of patient files/charts

**On-site supervision** requires monitoring of the licensee's practice by an approved supervisor on the premises of the facility. The supervisor must understand that he/she is providing supervision to the licensee and have read the Order.

**Direct supervision** requires that supervision and direction are given by an approved supervisor physically present with the licensee. The supervisor must understand that he/she is providing supervision to the licensee and have read the Order.

**This report reflects performance during**      **Month:** \_\_\_\_\_ **Quarter:** \_\_\_\_\_ **Year:** \_\_\_\_\_

Has licensee worked at least 80 hours each calendar month?      ☐ Yes      ☐ No      ☐ N/A

If No, indicate hours:

Indicate shifts: ☐ **Day**    ☐ **Evening**    ☐ **Night**

Attendance expectations met: ☐ Yes    ☐ No    ☐ N/A

If No, describe attendance problems:

**Describe duties and responsibilities:**

**In the past month or quarter, did the licensee consistently complete these activities according to policy and standards of practice for the profession?**      Yes      No      (explain below)

**Comments and explanations for all concerns (may attach separate page):**

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**Did any of the following occur in the past month or quarter?**

If applicable, licensee medication errors	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
If applicable, controlled drug count discrepancies involving the licensee	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensee errors in practice, judgment, or decision-making	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Customer/patient/family complaints about the licensee	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensee performance counseling	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Licensee performance evaluation	<input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No
Does the licensee's Order require a quarterly audit of documentation or patient charts/files?	<input type="checkbox"/> No <input type="checkbox"/> Yes

**Comment or attach written reports for all YES answers. If required by Order, the audit of documentation or administrative services is also due with the *April, July, October, and January* reports. Include number of records audited and results.**

**Please describe any improvements in the licensee's practice in the last month:**

**Additional comments, questions, or problems:**

**Signature of Supervisor:**

**Date:**

**Thank you for your commitment to this licensee and to the protection of the public.  
The licensee's Order specifies whether these reports are due monthly or quarterly. The report is due on the 15th of the month following the month/quarter being reported.**

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Attention: Case Manager