



Alabama Board of Nursing
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Executive Officer

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ALABAMA BOARD OF NURSING

Licensee Information	Select Compliance Monitor
NAME:	____ VDAP Telephone: 334-293-5228 Fax: 334-242-3980 e-mail: VDAP@abn.alabama.gov
LICENSE	____ Probation Telephone: 334-293-5229 Fax: 334-242-3980 e-mail: Probation@abn.alabama.gov
CASE	

EMPLOYER Quarterly Report

Nurse's name:

Nurse's license number:

1. Date of Employment?
2. Unit?
3. Hours for Month 1, 2 and 3?
4. Did the nurse take call?
5. Attendance and Tardiness?
6. Relationships with patients/families?
7. Relationships with peers/co-workers?
8. Relationships with other healthcare professionals?
9. Has the nurse been requested to drug screen by the employer in this reporting period?
10. Does the nurse's Agreement include restricted access to controlled Substances as a requirement?
11. Has the nurse's-controlled substances restriction been lifted?
12. Has the nurse had any issues with documentation of controlled substances?

13. Has the nurse had any patient care errors this reporting period?

14. Has the nurse had any counseling/disciplinary action this reporting period?

15. Has the nurse been terminated from employment during reporting period?

Comments:

Supervisor:

Date: