



REQUEST FOR PROBATION EMPLOYMENT APPROVAL

Pursuant to Condition: *Employment Approval and Reporting Requirement*

Instructions: As of the effective date of the Decision and Order, **PRIOR** approval from the Board is required to function as a Registered Nurse in ANY capacity while on probation, including any educational setting where clinicals are performed. This form, including all documents listed under required documentation must be submitted to the Board before the request will be submitted for review. Approvals are done in the order received and can take three weeks or more to be reviewed.

For quicker processing, please e-mail all required documents from the employer as a .PDF attachment(s) to the Probation Monitor. If not possible, the request may be faxed to (916) 574-8636. The Probation Monitor's contact information can be provided by the Probationer.

Required Documents

RN Positions:

- Data Form (**Completed by Probationer at start of Probation**)
- Current Resume (**Completed by Probationer at start of Probation**)
- Release of Confidential Information Form – with the employer's information on the 2nd line (**Completed by Probationer at start of Probation**)
- Probation Employment Approval Form (**Completed by Employer**)
- Current Job Description
- Organization Chart – The staff names and position titles must be indicated on the organizational chart. The chart must include at least the nursing department, where the RN is situated with respect to their immediate supervisor and the highest position in nursing administration or healthcare at the facility.
- If currently employed, most recent work performance evaluation
- Employer Agreement and Attestation
- Worksite Monitor Agreement and Attestation

In addition to what is required above, Advanced Practice RN Positions or RN positions with job duties that include Cosmetic Procedures including but not limited to Laser Treatment, Injectable Cosmetic Procedures or any other MedSpa services require:

- Standardized Procedures addressing all elements defined in CCR1474 – See attached sheet.

ALL AREAS MUST BE COMPLETED AND LEGIBLE – IF NOT APPLICABLE WRITE "N/A"

Probationary RN: _____ RN#: _____

Facility/Employer Name: _____

Address: _____

Address where the RN will Work if Different from Above: _____

Proposed Start Date or Date RN began Employment at Facility: _____

Job Title: _____ Department/Unit Area of Employment: _____

Shift Length (Hours): _____ Shift (Check One): Days Evenings Nights

Does the position require On-Call (Check one): Yes No

If Yes,
explain: _____

Orientation (Required for new employment only. Describe the length and type(s) of orientation that will be provided to ensure the probationer has the requisite competency to provide safe and competent nursing care.): _____

Employment will be discussed with the Department Manager/Supervisor or highest person in nursing who has authority to discuss the employment position.

Department Manager/Supervisor Name and Title: _____

Email: _____ Phone Number: _____

Alternate Phone Number: _____ Best Hour for Contact: _____

Name and Title of the highest person in nursing administration or health care _____

Phone Number: _____

Supervision level will be determined by the Board. Please provide a proposed list of anyone that can provide supervision. The probationary RN shall practice only under the direct supervision of a registered nurse in good standing (no current discipline) with the Board of Registered Nursing, unless alternative methods of supervision and/or collaboration (e.g. with an advanced practice nurse or physician) are approved.

The person(s) providing supervision shall not have financial, personal, familial relationship with the probationary licensee, or any other relationship that could reasonably be expected to compromise the ability of the monitor to render impartial and unbiased reports to the Board. Under no circumstances shall the person providing supervision be an employee of the probationary licensee.

Names and License Numbers of Proposed Person(s) Providing Supervision (attach an extra page if needed):

Acknowledgment by Authorized Person to Discuss Employment:

INITIAL ONLY – DO NOT CHECK OFF

____ The highest person in nursing administration or health care is aware of the RN's probationary status.

____ I have RECEIVED and READ the Board's Decision and Order, including the Accusation or Statement of Issues.

____ This probationary RN is not being hired through a Nurse Registry, Temporary Placement Agency, or for an In-House Nursing Pool.

____ The probationary RN will not work without verbal or written approval from the Board.

Signature: _____ Date: _____

Print Name: _____

Please identify where each of the twelve elements defined in CCR 1474 can be found in your Standardized Procedures.

Standardized Procedure Guidelines.

The Board of Registered Nursing and the Medical Board of California jointly promulgated the following guidelines. (Board of Registered Nursing, Title 16, California Code of Regulations (CCR) section 1474; Medical Board of California, Title 16, CCR Section 1379.)

- (a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.
- (b) Each standardized procedure shall:
 - (1) **Be in writing, dated and signed by the organized health care system** personnel authorized to approve it.
 - (2) Specify **which standardized procedure functions** registered nurses may perform and under what circumstances.
 - (3) State any specific **requirements which are to be followed** by registered nurses in performing particular standardized procedure functions.
 - (4) Specify any **experience, training, and/or education** requirements for performance of standardized procedure functions.
 - (5)) Establish a method for initial and continuing **evaluation** of the competence of those registered nurses authorized to perform standardized procedure functions.
 - (6)) Provide for a method of maintaining a written record of those **persons authorized to perform** standardized procedure functions.
 - (7) Specify the scope of **supervision** required for performance of standardized procedure functions, for example, **immediate supervision by a physician**.
 - (8) Set forth any specialized circumstances under which the registered nurse is to immediately **communicate with a patient's physician** concerning the patient's condition.
 - (9) State the limitations on **settings**, if any, in which standardized procedure functions may be performed.
 - (10) Specify patient **record-keeping** requirements.
 - (11) Provide for a method of **periodic review** of the standardized procedures.