



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
Board of Nursing  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**PLEASE SEND DIRECTLY TO THE NEW HAMPSHIRE BOARD OF NURSING**

**1. WORK PERFORMANCE REPORT FOR:**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

**2. NURSING DUTIES AND RESPONSIBILITIES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**3. QUALITY AND SAFETY OF NURSING CARE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**4. DISCUSS ANY PROBLEMS REGARDING COWORKER AND PATIENT RELATIONSHIPS, MEDICATION ADMINISTRATION, AND WORK ETHICS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**5. ADHERENCE TO CONDITIONS AND RESTRICTIONS SET BY THE BOARD ORDER:** \_\_\_\_\_

\_\_\_\_\_

**6. SINCE LAST REPORT:**

NUMBER OF SHIFTS WORKS PER WEEK: \_\_\_\_\_

NUMBER OF ABSENCES: \_\_\_\_\_

**7. SUPERVISOR:**

NAME/TITLE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*Please use reverse side for additional comments if needed*