



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF HEALTH PROFESSIONS

Board of Nursing

121 South Fruit Street, Suite 102 Concord, N.H. 03301-2412
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PLEASE SEND DIRECTLY TO THE NEW HAMPSHIRE BOARD OF NURSING

Attention: Bonnie Crumley Aybar, RN, MSN, CPAN, FRE, Board Administrator

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