

LOUISIANA STATE BOARD OF PRACTICAL NURSE EXAMINERS

131 AIRLINE DRIVE, SUITE 301  
METAIRIE, LOUISIANA 70001-6266  
(504) 838-5791  
Fax: (504) 838-5279  
www.lsbpne.la.gov

**EMPLOYER'S AGREEMENT**

**This form must be completed by the employer, and a copy of the LPN's job description must be attached.**

**The completed form and job description must be emailed to [kristen@lsbpne.la.gov](mailto:kristen@lsbpne.la.gov).**

**Please allow up to 10 business days for processing.**

Directions: The on-site supervisor(s), as well as the director of nursing, must review the LPN's complete board order prior to the LPN beginning or returning to work (including orientation) and prior to completing this form. For an LPN with continuous employment (current employee who now has a board order), the facility must submit this agreement via email within ten (10) calendar days of the LPN returning to work. For an LPN obtaining new employment, the facility must submit this agreement via email within ten (10) calendar days of the LPN beginning work/orientation.

**Nurse Information:**

Name of LPN: \_\_\_\_\_ LPN License Number: \_\_\_\_\_

Position of LPN: \_\_\_\_\_ Shift: \_\_\_\_\_  
(7-3, 3-11, 11-7, etc.)

Please check one: Full-time: \_\_\_\_\_ Part-time: \_\_\_\_\_ PRN: \_\_\_\_\_

Unit/Department: \_\_\_\_\_ Start date: \_\_\_\_\_  
(including orientation)

**Employer Information:**

Name of facility: \_\_\_\_\_

Address of facility: \_\_\_\_\_

City State Zip

Telephone number: \_\_\_\_\_

**On-Site Supervisor(s) (no more than 2):**

***Person responsible for completing Quarterly Performance Evaluations\*:***

On-Site Supervisor #1 : \_\_\_\_\_ Title: \_\_\_\_\_  
RN: \_\_\_\_\_ LPN: \_\_\_\_\_ MD: \_\_\_\_\_ License number: \_\_\_\_\_  
Shift: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(7-3, 3-11, 11-7, etc.)

**If applicable:**

On-Site Supervisor #2 : \_\_\_\_\_ Title: \_\_\_\_\_  
RN: \_\_\_\_\_ LPN: \_\_\_\_\_ MD: \_\_\_\_\_ License number: \_\_\_\_\_  
Shift: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
(7-3, 3-11, 11-7, etc.)

**\*The supervisor responsible for completing quarterly performance evaluations will receive an email from Affinity with instructions on how to login and complete the quarterly evaluations. Please check your junk and spam folders if an email has not been received within 14 days of submission.**

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The above named licensed practical nurse has been ordered or has agreed to work with restrictions in the health care setting. Special monitoring procedures are required to facilitate safe practice and public safety. It is essential that the employer participates in this part of the monitoring requirements. The employee should have provided you with a copy of his/her board order including all findings of fact and conclusions of law before returning to or beginning employment with your facility.

The following items are required of the employer:

1. The individual must be **directly supervised** by a registered nurse, licensed practical nurse, or physician. Note, if monitored by another LPN, that person must be higher on the organizational chart than the individual being monitored.
2. The **designated on-site supervisor** will submit a report evaluating the LPN's job performance each quarter. This report must be submitted to the board by the supervisor designated on page 1.
3. Notify the board in writing if there is a change in the supervisor(s) by completing a new Employer's Agreement.
4. **Immediately notify the board of any adverse reports, performance issues, or any other violations of the Nurse Practice Act, including but not limited to termination/resignation/separation.**
5. Additional terms may be specified in the order.
6. **"Supervision"** means that the supervisor (LPN, RN, or physician) has regular and consistent oversight to evaluate the performance of the respondent. At least one **on-site supervisor** must be physically present at the facility at all times while the probated licensed practical nurse is working.
7. Nurses must have **on-site supervision** during the entire term of their probationary period or until completion of probation. The **on-site supervisor(s)** must read the board order, must see the nurse regularly during the scheduled shift and must know the LPN well enough to recognize any changes.

- ☐ By signature below, I have provided and/or received and reviewed the complete board order including findings of fact and conclusions of law.
- ☐ By signature below, I attest that all board ordered stipulations as detailed for the above-mentioned licensed practical nurse's board order and requirements concerning supervision listed above are being met.

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Signature of Director of Nursing

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(Date)

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Signature of Supervisor #1\*  
(Party to complete **Performance Evaluation**)

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(Date)

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Signature of Supervisor #2

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(Date)

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Signature of LPN

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(Date)

Revised 10/2025