

TEXAS BOARD OF NURSING
333 GUADALUPE STREET, SUITE 3-460
AUSTIN, TEXAS 78701

NOTICE

Be advised that the following information relates to the monitoring of your compliance with the enclosed Board Order:

- I. The effective date of the Order is the date the Order was ratified by the Board and can be located on the Executive Director's signature page contained in your Order.
- II. Any required courses must be completed within the time frame specified in your Order regardless of whether your license is in delinquent or current status.
- III. Notification of Employment Forms

A Notification of Employment form is enclosed for you to have your employer complete and submit to this office if you are required to cause your employer to submit periodic reports.

Notification of Employment forms are to be used by employers who employ you as a nurse **in the State of Texas** and **cannot be accepted prior to the effective date of the order.**

It is your responsibility to ensure your employer has been provided a copy of your Order and the appropriate personnel at your place of employment have been notified of your Order.

If you **are currently employed** as a nurse, your employer must submit the Notification of Employment form **within ten (10) days** of when you received the enclosed Board Order.

If you **are not currently employed** as a nurse, your employer must submit the Notification of Employment form **within five (5) days** of your becoming employed as a nurse.

If you **change employers** during the term of your Order, your employer must submit the Notification of Employment form **within five (5) days** of your new employment as a nurse.

- IV. Report Forms

We will send your first set of report forms to be used to document your compliance with the stipulations of your Board Order **once we receive your completed Notification of Employment form.** Each report form will indicate the date on which it must be received in the Board's office.

It is your responsibility to ensure **each required report is mailed to the Board's office before its due date.** **Please be aware that reports received more than two (2) weeks prior to their due date will NOT be accepted and that all reports, except for Support Group attendance logs, must be submitted directly from the individual completing the report.**

Only reports verifying your compliance with your stipulations during periods of time in which you are employed as a nurse are credited toward meeting the requirements of your Order.

You will be responsible for compliance with the Order of the Board without further notice from our office. **Be aware that any failure to comply with the terms of the Order may result in another investigation and possible further disciplinary action being taken against your license (including possible revocation of your license) due to your non-compliance.** Review the enclosed Board Order carefully. If you have any questions, please call (512) 305-6838.

NOTIFICATION OF EMPLOYMENT

This form cannot be accepted prior to the effective date of the order.

Regarding: _____

License Number: _____

This is to certify that the above identified nurse has been employed by

_____ which is a _____
Name of Facility *Type of Facility*

in the position of _____ since the date of _____.

I have received a complete copy of the Order of the Board and am aware of the stipulations placed on this license by the Texas Board of Nursing. **I agree to notify the Board's office and provide information to the Board regarding this nurse's resignation or termination.**

Supervisor's Signature: _____ **Date:** _____

Title: _____

Facility Name and Address: _____

Telephone #: _____

If the Board's Order requires that the nurse cause his/her employer to submit a periodic Nursing Performance Evaluation, and that Evaluation will be signed by an individual other than the above Supervisor, please list that individual's name and title below.

Name: _____

Title: _____

Please call (512) 305-6838 with any questions.