

PUT ON EMPLOYER LETTERHEAD

Sample Only

EMPLOYER-MONITORED NURSE CONTRACT

I, _____, an employee of _____ whose license has been placed on probation by the Arkansas State Board of Nursing for a period of ___ years/months, agree to the following in order to retain my employment. I understand if any of the terms of this contract are violated, I will be immediately terminated and the violation will be reported to the ASBN. I have provided a copy of the Board's ratified Order to the employer listed above.

I agree to:

- 1) I understand that if I leave my employment for any reason before the contract period is completed, outside agencies, such as the Arkansas State Board of Nursing, will be notified.
- 2) I understand that a quarterly Performance Evaluation Report must be submitted by the employer to the Board. It is my duty and responsibility to insure that this employer submits these documents in a timely fashion.
- 3) To submit to random drug screens in accordance with the standard established by the Arkansas State Board of Nursing. If I refuse to allow drug screening, or if the results are positive, my employment will be terminated.
- 4) To pay all costs of treatment and drug screens and to provide a copy of each drug screen to my supervisor.
- 5) Refrain from using all mind/mood altering chemicals unless prescribed by a physician with proven medical necessity documented by the physician. This provision will remain in effect throughout my employment.
- 6) Submit proof of attendance at a treatment program or aftercare program weekly to my supervisor for the duration of my probation.
- 7) Upon request, I will give permission for information relevant to my progress to be released to my supervisor and/or the Arkansas State Board of Nursing.
- 8) I will give permission for monthly written progress reports to be submitted to my supervisor from my counselor, if applicable.
- 9) I understand that all other conditions of my employment are unaffected by the execution of this contract.
- 10) Other:

Employee

Date

Supervisor

Date

Director of Nursing

Date

Administrator

Date