

OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION

STATE OF NEW HAMPSHIRE

DIVISION OF HEALTH PROFESSIONS

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**Work Performance Report**

**Please send directly to the New Hampshire Board of Nursing**

Attention: Denise Nies, MSN, RN, Executive Director

1. Work performance report for: \_\_\_\_\_

2. Due Date: \_\_\_\_\_

3. Nursing duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please evaluate quality of nursing care: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Discuss any problems regarding co-worker and patient relationships, medication administration, and work ethics: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. Since last report –

a. Number of shifts worked per week: \_\_\_\_\_

b. Number of absences: \_\_\_\_\_

7. Name/Title: \_\_\_\_\_

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please use reverse side for additional comments*