

# EMPLOYER REPORT

## Healthcare

**Report Due:** Monthly for the first 6 months of full compliance and then quarterly thereafter.

**Please provide DOPL case number.(required)**

This document may be uploaded to Spectrum or submitted by FAX to (801) 530-6404.

**Case #** (found on stipulation) \_\_\_\_\_

Name of Probationer: \_\_\_\_\_

Profession: \_\_\_\_\_

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

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

Direct Supervisor: \_\_\_\_\_

Job description/duties: \_\_\_\_\_

1. Have you signed the MOU, and read the conditions of probation? Yes

*If No, please ask the probationer for copies prior to submitting this document.*

	Excellent	Above Average	Average	Below Average	Unacceptable	Don't Know or NA	Specific Comments:
2. Interpersonal relationships							
3. Dependability							
4. Attendance							
5. Knowledge/performance of clinical skills							
6. Clinical judgment							
7. Leadership ability							
8. Response to constructive criticism							
	Yes	No	Specific Comments:				
9. Evidence of impairment on the job?							
10. Were random urine samples obtained?			If Yes, what were results?				
11. Access to controlled substances?							
12. Manages controlled substances according to state and federal guidelines?							
13. Access to customer/client funds or property?							
14. Were there any disciplinary problems?							
15. Have there been any reportable complaints from coworkers or patients?							
16. As the employer/supervisor I am ensuring that the limitations and restrictions outlined in the order are being followed.							

ADDITIONAL COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

Supervisor Signature

Phone Number

Today's Date