PRACTITIONER REMEDIATION ENHANCEMENT PROGRAM
PREP EMPLOYER/SELF REFFERAL FORM

Please submit referral form to: Pamela Trantham, PREP Coordinator
North Carolina Board of Nursing
P. O. Box 2129
Raleigh, North Carolina 27602
Fax: (919) 781-9461 Telephone: (919) 782-3211 Ext. 279
E-Mail: Pamela@ncbon.com or PREP@ncbon.com

(ATTACH SEPARATE PAGES IF NECESSARY)

Licensee information:

Name of Referred Licensee: **Date Referred:**

Licensure Level: RN LPN APRN **Certificate # or SS#**

Cell Phone: **Home Phone:** **E-mail:**

Mailing Address:

Agency Information:

Name of Agency:

Address:

Agency Contact/Title:

Phone/Extension: **Fax:** **E-Mail:**

Employment Information and Reason for Referral:

Date hired: **Type Unit** **Position Held**

Has licensee been disciplined/counseled for prior practice issues? (Please provide date and description)

What prompted this referral to PREP? (brief description of incident(s)/concern(s))

Identify practice concerns/gaps in licensee's practice that need to be developed:

- ☐ Lack of knowledge, skills, abilities, judgment
- ☐ Poor understanding of scope of practice
- ☐ Ineffective delegation/supervision
- ☐ Inappropriate communication (with patient)
- ☐ Medication administration
- ☐ Documentation issue(s)
- ☐ Other

As a Manager, what are your expectations and timeframe for the licensee to demonstrate improvement?

How will you measure improvement?

- ☐ Med audit/chart audit
- ☐ Med pass observation
- ☐ No repeat of reported concerns
- ☐ Performance Evaluation in months
- ☐ Other (Please specify)

If indicated, does agency have resources to provide:

- ☐ Preceptor/mentor
- ☐ Scheduled meetings with Manager