

# RN TRANSFER OF DELEGATION SAMPLE

Prior to transferring delegation from \_\_\_\_\_,  
(outgoing RN), to \_\_\_\_\_(oncoming  
RN), the following person's condition, teaching plan, competence of the  
unlicensed staff, written instructions and the plan for supervision have all  
been reviewed by both nurses.

Person: \_\_\_\_\_

Unlicensed Staff's Name: \_\_\_\_\_

Delegated Task of Nursing Care: \_\_\_\_\_

Reason for Transfer of Delegation: \_\_\_\_\_

\_\_\_\_\_

I hereby transfer delegation/supervision as listed above to: \_\_\_\_\_

\_\_\_\_\_ (oncoming RN) \_\_\_\_\_.

This transfer is effective on \_\_\_\_\_.

(Date)

\_\_\_\_\_  
(Outgoing RN Signature)

\_\_\_\_\_  
(Date)

I hereby accept the transfer of the delegation/supervision listed above from  
the above named, outgoing RN.

\_\_\_\_\_  
(Oncoming RN Signature)

\_\_\_\_\_  
(Date)