

# SUPERVISION OF UNLICENSED STAFF'S PERFORMANCE OF A DELEGATED TASK SAMPLE

DELEGATED  
TASK: \_\_\_\_\_

PERSON: \_\_\_\_\_

UNLICENSED STAFF: \_\_\_\_\_

REGISTERED NURSE: \_\_\_\_\_

SUPERVISION SCHEDULE:  
\_\_\_\_\_

SUPERVISION DATE	CONTINUES TO DEMONSTRATE COMPETENCY - (YES/NO)	COMMENTS AND RN SIGNATURE