

Employer Report Form



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

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Date of report _____

Section 85.5 of the *Health Professions Procedural Code* requires employers to report the termination of a nurse's employment for reasons of professional misconduct, incompetence or incapacity. The report is also required when an employer intended to terminate a nurse, but did not because the nurse resigned.

Employer Information

Name of facility/agency/employer _____

Address _____

Contact person:

Name _____

Phone _____

Fax _____

E-mail address _____

Type of setting (choose one):

- Acute care Retirement LTC
 Home care Correctional facility Palliative
 Mental health Occupational health
 Other _____

Date of incident: _____

General concern: Practice Conduct Incapacity

Member Information

Member's name _____

Registration # _____

Date of hire _____

Termination or resignation date _____

Address (if known) _____

Employment status: Full-time Part-time Casual

Average hrs/wk: _____

Unit/practice area that member worked: _____

Nurse/client ratio: _____

Member's role: Staff nurse Charge nurse Administration

Other _____

Describe the event(s) that led to this report (who, what, where, when, and why) in chronological order starting with the most recent.

Date	Incident/event	Consequences to client/other	Member response/explanation	Employer action

Other comments: _____

Please include any supporting documentation with this report.