

WORKSITE PERFORMANCE REPORT/REPORT OF NON-EMPLOYMENT
 Authority: Public Act 368 of 1978, as amended

FOR THE TIME PERIOD: _____ THROUGH _____

Licensee First Name	Middle Name	Last Name	
Street Address	City	State	Zip Code
Phone Number	File Number	MI Permanent License Number	

Are you currently employed using your health professional license? Yes No

IF YOU ANSWERED NO, PLEASE SIGN AND DATE BELOW:

 Signature Date

IF YOU ANSWERED YES, THE FOLLOWING IS TO BE COMPLETED BY YOUR CURRENT SUPERVISOR:

Employer Name: _____		
Start Date: _____ End Date (if applicable): _____		
I have been provided a copy of the Administrative Complaint and Board Order: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Work Habits: Absenteeism, tardiness, frequent unexplained absences, decline in quality or quantity of work, frequent accidents, patient complaints, documentation problems. Thought Processes: Exhibits good judgment, functions independently as appropriate, uses logical steps in planning and delivering care. Interpersonal Relations: Works as a team member, works well with patients, asks for assistance as appropriate, communicates effectively.	Satisfactory	Unsatisfactory
Comments:		
Supervisor's Name	Title	Telephone Number
Supervisor's Signature		Date
Employer Name/Facility Street Address		
City	State	Zip Code

Pursuant to section 16192(1) of the Michigan Public Health Code, a licensee is required to report a change of name and/or address to the Department within 30 days of the change. Failure to report these changes timely is a violation of the Michigan Public Health Code. You may update a name or address change online at www.michigan.gov/mylicense.

The Department of Licensing and Regulatory Affairs will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need assistance with reading, writing, hearing, etc., under the American with Disabilities Act, you may make your needs known to this agency.