



Yes <input type="radio"/>	No <input type="radio"/>	<p>3. Do you currently use chemical substances in any way which impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <li>1. A letter of explanation that addresses the impairment or limitations of practice; and</li> <li>2. If you are using the chemical substance as a confirmed medical necessity, a letter from your treating practitioner documenting the diagnosis and medical necessity for the use of chemical substances, including any practice limitations.</li> </ol>
Yes <input type="radio"/>	No <input type="radio"/>	<p>4. Are you currently in recovery for chemical dependency, chemical abuse or addiction?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <li>1. A letter of explanation describing your recovery experience, including length of continuous recovery, treatment, current recovery activities, and relapse prevention plan;</li> <li>2. Documentation from knowledgeable individual(s) documenting your length of sobriety; and</li> <li>3. Documentation of a substance use evaluation, and inpatient or outpatient chemical dependency treatment (if applicable).</li> </ol>
Yes <input type="radio"/>	No <input type="radio"/>	<p>5. Do you currently have a medical or psychiatric/mental health condition which in any way impairs or limits your ability to practice the full scope of nursing?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <li>1. A letter of explanation regarding your condition, whether temporary or permanent, including diagnosis, past hospitalizations, date of last treatment, current treatment plan, and how your condition may interfere with your ability to practice the full scope of nursing safely; and</li> <li>2. Documentation from treating practitioner regarding the diagnosis, (Axis I-V for psychiatric diagnosis), medications, current status and treatment plan, the extent of condition, and statement regarding your ability to carry out nursing duties reliably and with good judgment.</li> </ol>
Yes <input type="radio"/>	No <input type="radio"/>	<p>6. Have you ever had a malpractice judgment or settlement entered against you, or do you have any pending malpractice suits or claims filed against you?</p> <p><i>If the answer is Yes, you must submit:</i></p> <ol style="list-style-type: none"> <li>1. A detailed letter of explanation regarding the events leading to the suit; and</li> <li>2. A copy of the complaint and current status of the case.</li> </ol>

*It is a violation of Nevada law to falsify this application, and sanctions may be imposed for fraud or misrepresentation.*

**Affirmation. All Applicants Must Complete**

<p><b>I affirm (swear) that I have read this application and the statements made are true and correct.</b></p>	
Signature	Date

**Please make sure that you:**

- Have answered ALL the questions in Sections 1 and 2, and signed the Affirmation
- Are submitting copies of your certificates of completion of the Basic Qualification requirements
- If you have not submitted fingerprints for Nevada RN licensure within the previous six months, you must submit a completed fingerprint card according to fingerprint instructions.