

# Nevada State Board of **NURSING**

## Self Report – Practice

Name: \_\_\_\_\_

(Please print or type)

Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Address or Phone Change:

Can we leave a message on the phone number you have provided? YES / NO

**Each question must be answered - attach additional pages if necessary**

Current job duties/responsibilities: \_\_\_\_\_

\_\_\_\_\_

Have you resigned your employment, had your employment terminated or had any employment related counseling/discipline since your last report? *(If yes, provide a detailed explanation, and if applicable, attach a copy of the employer's action):* \_\_\_\_\_

\_\_\_\_\_

Describe your ability to handle stress, conflict and practice nursing safely: *(Provide examples/behaviors)*

\_\_\_\_\_

Describe your current mental and physical health: *(Give examples)* \_\_\_\_\_

\_\_\_\_\_

Other information you wish to share: \_\_\_\_\_

\_\_\_\_\_

**E-mail completed forms to:** [compliance@nevadanursingboard.org](mailto:compliance@nevadanursingboard.org) or;

**Fax completed forms to:** 775-687-7729 (Please do not fax multiple copies) or;

**Mail to:** NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6576