

Nevada State Board of  
**NURSING**

**Self Report – Practice**

Name: \_\_\_\_\_  
(Please print)

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fax completed forms to: 775-687-7707** (Please do not fax multiple copies) or;  
**Mail to:** NSBN, Compliance Coordinator, 5011 Meadowood Mall Way, Ste 300, Reno, NV 89502-6576