

Nevada State Board of  
**NURSING**

**SELF REPORT**  
Substance Use Disorder

Name: \_\_\_\_\_  
(please print)

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

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

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

Address or Phone Change:

Valid E-mail Address: \_\_\_\_\_

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)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Nevada State Board of **NURSING**

Name: \_\_\_\_\_  
(please print or type)

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

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

### **Progress in treatment and/or recovery:**

1. What do you do on a daily basis to maintain recovery? \_\_\_\_\_

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2. Which 12-step home group meeting do you attend? \_\_\_\_\_

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3. Write about an incident that has happened where you reacted differently than you would have before you were in recovery: (*Examples of old vs. new behavior*) \_\_\_\_\_

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4. Describe our most recent addictive cravings and what you did about them: \_\_\_\_\_

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

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Signature: \_\_\_\_\_

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

**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

Revised 10/06/15; 01/06/17; 9/28/20