

Nevada State Board of  
**NURSING**

**Physician/Licensed Practitioner Report**

Respondent shall abstain from the use of alcohol and all mood-altering drugs and controlled substances except when legally prescribed by a treating practitioner who is knowledgeable about the disease of addiction and the Respondent's history. This treatment must be reported to the Board, in writing, within seven (7) days, accompanied by documentation from the practitioner regarding the medical treatment and all other methods of alternative treatment having been tried first. The Board may require additional testing and reporting until Respondent documents sobriety after periods of prescribed drug use.

To meet reporting requirements with the Nevada State Board of Nursing because my nursing license is being monitored, please complete the following report. This report is due within seven (7) days of this visit.

Name of nurse: \_\_\_\_\_  
(Please print or type)

\_\_\_\_\_  
*Nurse's Signature*

\_\_\_\_\_  
*Date*

**DO NOT WRITE BELOW THIS LINE – FOR PROVIDER TO COMPLETE ONLY**

1. Date and reason for office visit:

2. Medication prescribed, and justification for need. If mood-altering medications are prescribed, please include information of alternative methods utilized and response to those treatments. *(Please attach additional significant reports.)*

Physician/Licensed Practitioner Name: \_\_\_\_\_  
(Please print or type)

\_\_\_\_\_  
*Physician/Licensed Practitioner Signature*

\_\_\_\_\_  
*Date*

**E-mail completed forms to: [eralph@nsbn.state.nv.us](mailto:eralph@nsbn.state.nv.us) or;**  
**Fax completed forms to: 775-687-7707 (Please do not fax multiple copies) or;**

Revised 10/06/15