

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