

Nevada State Board of
NURSING

SELF REPORT
Substance Use Disorder

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)* _____

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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? _____

2. Which home group meeting do you attend? _____

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*) _____

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

5. Other information you wish to share: _____

Signature: _____

Date: _____

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

Revised 10/06/15; 01/06/2017; 08/05/22