

STATE OF NEVADA

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DEPARTMENT OF BUSINESS AND INDUSTRY  
OFFICE OF NEVADA BOARDS, COMMISSIONS AND COUNCILS STANDARDS

NEVADA STATE BOARD OF NURSING  
**Sponsor's Report**

Name of nurse you are sponsoring: \_\_\_\_\_

Month Due: \_\_\_\_\_  
*(Reports are due the last day of the reporting month)*

To meet reporting requirements with the Nevada State Board of Nursing because my license is being monitored, please complete the following report.

In what type of support group are you (sponsor) active? \_\_\_\_\_

Sponsor's length of sobriety (5 year minimum requirement): \_\_\_\_\_

1. How often do you have contact with the nurse?  
Face to face: \_\_\_\_\_ Via telephone: \_\_\_\_\_ Other: \_\_\_\_\_

2. What is the nurse's progress in their Step Studies? \_\_\_\_\_  
\_\_\_\_\_

3. What is the nurse doing to maintain a chemically free lifestyle? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please submit any additional information that would assist the Board to evaluate the nurse, including relapse behavior. \_\_\_\_\_  
\_\_\_\_\_

Name of Sponsor: \_\_\_\_\_  
*(Please print or type)* *(Telephone number)*

\_\_\_\_\_  
*Signature of sponsor* *Date*

Upload completed form to Spectrum or email to: [eralph@nsbn.state.nv.us](mailto:eralph@nsbn.state.nv.us)