

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
Self Report – Practice

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

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: _____

Email completed form to: eralph@nsbn.state.nv.us

Reno: 6005 Plumas St., Suite 100, Reno, Nevada 89519 - Telephone (888) 590-6726 - Fax (775) 687-7707

Las Vegas: 5820 S. Eastern Ave., Suite 200, Las Vegas, Nevada 89119 - Telephone (888) 590-6726 - Fax (702) 486-5803

www.nevadanursingboard.org