

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

Substance Use Disorder

Name: _____ Date: _____

Address: _____

Phone: _____ Email: _____

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)* _____

(continue on page 2)

(continue on page 2)

**Nevada State Board of Nursing
Self Report Substance Use Disorder
Page 2**

Describe your current mental and physical health: *(Give examples)* _____

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: _____