

SELF REPORT
CD

NAME: (Print) _____ DATE: _____

ADDRESS: _____ PHONE: _____

_____ ADDRESS CHANGE

PHONE CHANGE

EACH QUESTION MUST BE ANSWERED

CURRENT JOB DUTIES/RESPONSIBILITIES: _____

INDICATE AND EXPLAIN IF YOU HAVE RESIGNED YOUR EMPLOYMENT, HAD YOUR EMPLOYMENT TERMINATED OR HAD ANY EMPLOYMENT RELATED COUNSELING/DISCIPLINE SINCE YOUR LAST REPORT:

DESCRIBE YOUR ABILITY TO HANDLE STRESS, CONFLICT AND PRACTICE NURSING SAFELY: *(Give examples on situations, behaviors)* _____

CURRENT MENTAL & 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 your most recent addictive cravings and what you did about them. _____

OTHER INFORMATION YOU WISH TO SHARE:

SIGNATURE: _____

NEVADA STATE BOARD OF NURSING
5011 MEADOWOOD MALL WAY, SUITE 300
RENO, NV 89502
FAX (775) 687-7729
PHONE 1-775-687-7723