

**SPONSOR'S REPORT**

**NAME OF NURSE/CNA YOU ARE SPONSORING:** \_\_\_\_\_  
(Please Print or Type)

**MONTH DUE:** \_\_\_\_\_  
(The Report is Due the Last Day of the Month)

In order to meet requirements with the Nevada State Board of Nursing, because my license has been placed on probation, I need to have you complete the following report.

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

Sponsor's length of sobriety? (Must be 5 years minimum) \_\_\_\_\_

1. How often do you have contact with the nurse?
  - a. Face to face \_\_\_\_\_
  - b. Telephone \_\_\_\_\_
  - c. Other \_\_\_\_\_

2. What is the nurse's/CNA's progress in his/her Step Studies.  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**NAME OF SPONSOR:** \_\_\_\_\_  
(Please Print or Type)

**SIGNATURE OF SPONSOR** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Please send to: Nevada State Board of Nursing  
5011 Meadowood Mall Way, #300  
Reno, Nevada 89502  
FAX: 775-687-7729  
Phone 1-775-687-7723