



ARKANSAS STATE BOARD OF NURSING
DEPARTMENT OF ENFORCEMENT



PERSONAL REPORT

Licensee: _____ License No.: _____

Report for quarter: (Month to Month): _____

Current address: _____

Current phone number: _____

Current email: _____

Employed? _____ Employed as a nurse? _____ Name of employer: _____

Has any of the above information changed since your last report? No Yes (You must update information in your ASBN Nurse Portal account).

1. Are you remaining compliant with your Board Order? Yes No - Please provide and explanation and your plan to prevent further noncompliance on the back of this report.
2. How are you doing? _____

3. What are you doing well? _____

4. What are you struggling with? _____

5. What are you doing to cope? _____

6. Who is your support person(s)? _____
7. Any major change(s)? _____

Signature: _____ **Date:** _____

Instructions for Licensee:

- **Licensee with Affinity drug monitoring** – upload signed document in your Affinity account under Documentation / Reports / Available Reports / Add Attachment.
- **Licensee without drug monitoring** – please email to ASBN.monitoring@arkansas.gov