



**ARKANSAS STATE BOARD OF NURSING  
DEPARTMENT OF ENFORCEMENT**

**REQUEST FOR NEW MONITORING DUE DATES**

If you have not created a nurse portal please create by going to the Arkansas State Board of Nursing website [www.arsbn.org](http://www.arsbn.org). Ensure all contact information is accurate in the ASBN Nurse Portal.

Please complete the following and submit under the category Discipline/Monitoring within the nurse portal message center:

Name: \_\_\_\_\_

License Number: \_\_\_\_\_

Current address: \_\_\_\_\_

Current phone number: \_\_\_\_\_

Current email: \_\_\_\_\_

Employed? \_\_\_\_\_ Name of employer: \_\_\_\_\_

What actions have you taken to ensure 100% compliance with the terms of your suspension since your last attempt to remain compliant during the suspension period?

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\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)