

VA BON Self Report: Monitored Person's Name: _____
...for the quarter of: [] Jan-Mar or [] Apr-Jun or [] Jul-Sep or [] Oct-Dec 20 _____

Therapy	[Check all applicable, whether ordered or not]
Required By Order?	[] Yes, by Board Order [] Yes, by Court-Order [] No, done voluntarily [] No, I don't go
Individual Therapy	[] No [] Yes Frequency of Visits: _____
Name Of Therapist	_____
Therapist's Phone No.	_____

Drug Screening	[Check all applicable, whether ordered or not]
Required By Order?	[] Yes, by Board Order [] Yes, by Court-Order [] No, done voluntarily [] No, I don't go
Drug Screens Done?	[] No [] Yes How many? _____
Any Positives?	[] No [] Yes For What? _____
Explain: _____	
Who Performs Screens?	_____
Screeener's Phone No.	_____

Medications	[Check all applicable, whether ordered or not]
Have you taken, or been prescribed, any medication during this report quarter? [] Yes [] No	
If Yes, List Drug(s), Prescriber(s) & Reason(s):	

If required by your Order, did you ensure a report from the prescriber(s) was submitted to Compliance?
[] Not Required [] No [] Yes Date Mailed: _____

Criminal Proceedings:	[Check all applicable, whether ordered or not]
Any Arrests?	[] No [] Yes Explain _____
Any Convictions?	[] No [] Yes Explain, and provide a certified true copy
Upcoming Court Dates:	[] No [] Yes Explain _____
Jurisdiction & Court:	_____
Action by Other Board?	[] No [] Yes Explain, and provide a certified true copy

Petition for Release:	[] I understand that to be released from my Order I must: fully complete all ordered terms, including duration of probation, be in compliance with the Order, have no outstanding allegations, and submit a written request. I understand I am not released until I receive a written release from the Board. <i>Given that, I petition for release from my Order, based on:</i>
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RN & LPN Only:	My Primary State of Residence (PSOR) is: _____ since: _____
MSP:	<input type="checkbox"/> I'm practicing in Virginia on my Virginia single-state license
	<input type="checkbox"/> I'm practicing in Virginia on a privilege from a multistate license from state: _____
	<input type="checkbox"/> I'm practicing outside Virginia in this state: _____
"Multistate	<input type="checkbox"/> I have a felony conviction in this jurisdiction _____ on: _____
Privilege	<input type="checkbox"/> I have a misdemeanor conviction in this jurisdiction _____ on: _____
Disqualifying	<input type="checkbox"/> I have <i>another</i> Board Order restricting my practice, by this state: _____ on: _____
Events"	<input type="checkbox"/> I am in HPMP, or another <i>alternative / monitoring</i> program in: _____ since: _____

Explanations, Concerns & Comments:	Continue on back of this page >>>
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Monitored Person's Signature _____	_____
License, Registration or Certificate Number _____	Date _____