

(804) 367-4536 :: Fax (804) 527-4455 <u>Compliance.BON@dhp.virginia.gov</u> <u>https://www.dhp.virginia.gov/nursing/</u> Compliance - Nursing 9960 Mayland Drive, Suite 300 Henrico, Virginia 23233-1463

| Self Report | | | |
|---|--|--|--|
| This report covers or | nly the <u>current</u> quarter of 20 : | | |
| To be timely, t | his report must be <u>received</u> f <u>rom 5 days before until 5 days after</u> the end date of the <u>current</u> quarter: For example: if report is due 3/3 l, it must be received between 3/26 and 4/5. | | |
| Faxes & Em | AIL ARE ACCEPTABLE – YOUR ORIGINAL SIGNATURE IS REQUIRED & MUST BE SUBMITTED AS WELL | | |
| Monitored Person's | | | |
| Name | Occupation | | |
| Permanent Address | | | |
| City/State/Zip | | | |
| | This Is A Change Of Address This Is To Be My "Address Of Record" With The Board Effective Date: | | |
| Temporary Address | | | |
| Phone [Home] | Phone [Cell] | | |
| Email Address | Phone [Fax] | | |
| | | | |
| Current Employment | List <u>all</u> current employment information; <u>continue on the back if more space is needed</u> | | |
| | I am currently not employed employed at this many jobs: 1 2 3 4 | | |
| Employer 1 | | | |
| Address | City/State/Zip | | |
| Supervisor(s) | | | |
| Supervisors' Phone | My Work Phone | | |
| Date Employed | Date Terminated / Resigned | | |
| If terminated or resign | ned, explain: | | |
| Is this an employment setting in your occupational field, requiring you to hold a [] No current license / certificate / registration? [] Yes | | | |
| Employer 2 | | | |
| Address | City/State/Zip | | |
| Supervisor(s) | | | |
| Supervisors' Phone | My Work Phone | | |
| Date Employed | Date Terminated / Resigned | | |
| If terminated or resign | ned, explain: | | |
| Is this an employment se current license / certifica | etting in your occupational field, requiring you to hold a [] No ate / registration? [] Yes | | |
| | | | |
| Recovery Programs | [Check all applicable, whether ordered or not] | | |
| Required By Orde | | | |
| | [] No, done voluntarily [] No, I don't go | | |
| AA/NA Meetin | · · · · · · · · · · · · · · · · · · · | | |
| Caduce | | | |
| Aftercare Gro | · · · · · · · · · · · · · · · · · · · | | |
| Other Support Syster | ms [] No [] Yes Type: | | |

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? | | | | |
| | [] 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? | | | | |
| Screener'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 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: | | | | |
| Petition for Release: | [] I understand that to be released from my Order I must: fully complete | | | |
| 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> | | | | |
| RN & LPN Only: My Prin | mary State of Residence (PSOR) is: | since: | | |
| MSP: 🗖 I'm | practicing in Virginia on my Virginia single-state license practicing in Virginia on a privilege from a multistate license from state: practicing outside Virginia in this state: | | | |
| | ave a felony conviction in this jurisdiction | on: | | |
| Privilege 🛛 I ha | ave a misdemeanor conviction in this jurisdiction | on: | | |
| | ave <i>another</i> Board Order restricting my practice, by this state: | on: | | |
| | n in HPMP, or another <i>alternative / monitoring</i> program in: | since: | | |
| Explanations, Concerns & Comments: Continue on back of this page PPP | | | | |

| Monitored Person's Signature | |
|---|------|
| License, Registration or Certificate Number | Date |
| | |

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