



Alabama Board of Nursing
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ALABAMA BOARD OF NURSING
Aftercare Quarterly Report

Licensee Information	Select Compliance Monitor
NAME:	_____ VDAP Telephone: 334-293-5228 Fax: 334-242-3980 e-mail: VDAP@abn.alabama.gov
LICENSE	_____ Probation Telephone: 334-293-5229 Fax: 334-242-3980 e-mail: Probation@abn.alabama.gov
CASE	

Number of Meetings Scheduled:

Number of Meetings Attended:

Number of Excused Absences:

Number of Unexcused Absences:

Do you have any concerns about the nurse's attendance pattern?

Please indicate the Licensed Nurse's progress during this reporting period: Satisfactory, Unsatisfactory, Need Improvement

Participation in group?

Problem-solving skills (insight, lifestyle changes)?

Attitude towards recovery (acceptance of addiction, monitoring requirements, motivation)?

Follows recommendations (accepts feedback, follows treatment plan, levels of anger, frustration)?

12-Step Participation

Does the licensed nurse express appropriate sponsor relationship?

Does the licensed nurse report attend at least three 12-step meetings per week?

Please enter any additional comments here:

Provider Signature: _____ Date: _____