



Alabama Board of Nursing
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Executive Officer

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ALABAMA BOARD OF NURSING MANUAL Self-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	

DATE: _____ Case #: _____ Nursing License#: _____

First Name: _____ Last Name: _____

12 STEP Meetings What month is self-report for: _____

DATE	TIME	Step-Type	Name of Meeting	City	Step-Facilitator

Use separate paper for additional meetings.

AFTERCARE:

DATE	Attended	Reason For Not Attending	Place of Meeting	City	Provider	Aftercare-Facilitator

COUNSELOR

Date	Attended	Reason	Name of Counselor

EMPLOYMENT

Case #: _____

Are you Currently Employed in Nursing: ☐ Yes ☐ No

Name of Employer: _____ Hours Worked This Month: _____

Address: _____ City: _____ State: _____ ZIP: _____

Supervisor: _____ Monitor: _____

1. Have you been counseled/written up or disciplined at work this month for any reason? **Yes No**
2. Have you been terminated or allowed to resign in lieu of termination this month? **Yes No**
3. Have you committed a medication, documentation, or nursing care error this month? **Yes No**
4. Have you had any interpersonal problems with patients, coworkers, supervisors, or other professional staff this month? **Yes No**

Health Care

Provider Type	Provider Name	Address	City	State	Zip	Phone

Have you received any outpatient healthcare this month? ☐ Yes ☐ No

Date:	
Provider	
Location	

Reason	
Medication	

Have you been hospitalized this month? ☐ Yes ☐ No

Have you taken any medications this month? ☐ Yes ☐ No

List All Medications: _____

1. Any Travel Yes or No

Explain: _____

2. Hospitalization of self or a loved one? Yes or No

Explain: _____

3. Are you enrolled in any type of nursing school? Yes or No

Name/Type of School: _____

4. Any arrest? Yes or No

Explain: _____

5. Any convictions? Yes or No Comment: _____

6. Any legal issues of a civil nature? (Divorce, custody, bankruptcy, etc) Yes or No

7. Any family emergencies? Yes or No

Explain: _____

Signature: _____ Date: _____