MARYLAND BOARD OF NURSING DISCIPLINE AND COMPLIANCE DIVISION 4140 PATTERSON AVENUE BALTIMORE, MARYLAND 21215-2254

Fax: 410-358-1499

Email Address: mbon.nursemonitoringdept@maryland.gov

Program: Impaired Practice Monitoring (Rehabilitation)

SELF REPORT

This report covers only the current quarter of 20: [] Jan-Mar []Apr-Jun []Jul-Sep []Oct-Dec This report may be faxed or emailed to the department no more than $\underline{1}$ week prior to the due date

Name:	
	License/Certificate#:
Address:	
City/State/Zip:	
	[] This is a Change of Address [] This is a temporary address; the address below is:
Alternate Address:	
Phone (Home):	(Cell)
Email Address:	
CURRENT EMPLOYMENT	(List ALL additional current employment information on the back of this page)
Facility/Patient:	
Address:	
Supervisor(s):	
	Work Phone:
Date Employed:	Date Terminated/Resigned:
If Terminated or Resig	gned
Evnlain:	

SELF REPORT (page 2)

Licensee/Certificate Holder's Name:	
If required, have <u>ALL</u> your current positions been Board	-approved? [] Yes [] No
Therapy/Treatment Required in participation agreement? [] Yes [] Individual Therapy: [] No [] Yes, Frequency of Name of Therapist:	of visits:
<u>Medications</u>	
NOTE: A medication verification form the prescribing p the prescription is written or at the time OTC medication the date the prescription was written.	
Have you taken or been prescribed any medication during this Prescribed? [] Yes [] No Over the Co	s report quarter? ounter? [] Yes [] No
Have you ensured a medication verification form from the pr [] Yes Date mailed and/or faxed:	escribing provider was submitted to the Board?
List medication(s) and prescriber(s):	
Criminal Proceedings: Any arrest? [] No [] Yes Explain: Any convictions? [] No [] Yes Explain: Upcoming court dates? [] No [] Yes Explain: Any action by another state licensing or regulatory board? Explain:	[] No [] Yes
SIGNIFICANT LIFE EVENTS/PLANS/CHANGES:	
Do you have any request for the Board at this time? If yo	es, please explain:
License/Certificate Holder's Signature:	Date: