

**MARYLAND BOARD OF NURSING
DISCIPLINE AND COMPLIANCE DIVISION
4140 PATTERSON AVENUE
BALTIMORE, MARYLAND 21215-2254
Fax: 410-358-1499**

PROGRESS REPORT

PARTICIPANT NAME: _____
LICENSE/CERT.#: _____

- | | | | | |
|-----------|---|------------|-----------|-------------|
| I. | CURRENT STATUS IN TREATMENT | <u>YES</u> | <u>NO</u> | <u>DATE</u> |
| | A. Has completed initial evaluation and entered treatment | ___ | ___ | _____ |
| | B. Continuing treatment | ___ | ___ | _____ |
| | C. Discharged | ___ | ___ | _____ |

REASON: Completed treatment / Non-compliant (Please circle)

II. ATTENDANCE

- A. # of scheduled sessions _____
 # of missed sessions _____
 # excused _____ # not excused _____
- B. Dates of attendance: _____ to _____
- C. Urine drug screens taken (date, results)
- _____
- _____
- _____
- D. Has maintained total abstinence from mood-changing drugs:
 YES _____ NO _____

III. Compliant with treatment recommendations YES _____ NO _____
 (See comments for additional information/Use back of page if necessary)

COMMENTS:

Provider's Signature **Date**

Name and Address of Treatment Program _____
