



## EXAMINATION ADDENDUM

Probationary Nurse Name: \_\_\_\_\_ License #: \_\_\_\_\_

**TO THE EXAMINER:** This probationary nurse is serving a probation term with this Board and has chosen you to perform a physical or mental health examination, including a clinical diagnostic evaluation pursuant to Board ordered probation conditions to determine if the probationary nurse is dependent upon drugs or alcohol, or has had problems with drugs or alcohol that might reasonably affect the safe practice of nursing. YOU MUST:

- Hold a valid, unrestricted license, **which includes scope of practice to conduct a clinical diagnostic evaluation;**
- Have at least three years of experience in providing evaluations of health professionals with the substance abuse disorder(s)/issue(s) reflected in the Board’s Decision, Stipulated Settlement, Accusation and/or Statement of Issues;
- Be pre-approved by the Board (Note: the pre-approved evaluator MUST be the individual completing the examination);
- Not have had a financial relationship, personal relationship, or business relationship with the licensee within the last five years;
- Provide an objective, unbiased, and independent evaluation.

By initialing here you assure the Board that you meet all the criteria shown above: *Examiner Initials*

**Before you begin your examination, it is recommended that you obtain a CURES report for this nurse.**

Is this nurse dependent upon drugs or alcohol OR has this nurse had problems with drugs or alcohol (e.g., drug dependence in remission or alcohol dependence in remission) that might reasonably affect the safe practice of nursing? You must circle one.

Yes \_\_\_\_\_  
*Examiner Initials*

No \_\_\_\_\_  
*Examiner Initials*

Feel free to attach any additional information or explanation regarding your selection above.

Physician's Name:	License #
Specialty, if any:	
Address:	Phone :
	Email:
Signature:	Date:

Board of Registered Nursing-Probation Unit  
Attn: Probation Monitor  
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Sacramento, CA 94244-2100