

BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY · GAVIN NEWSOM, GOVERNOR

 BOARD OF REGISTERED NURSING

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QUARTERLY REPORT

**** READ CAREFULLY:**** You are required to submit quarterly written reports. The reports shall certify and document your compliance with the terms and conditions of your probation. Postmarked reports are due within seven (7) days of the close of each reporting period. Failure to submit reports on time is a violation of your probation. Reports received prior to the end of the quarter will NOT be accepted. Faxes and photocopies will NOT be accepted. All reports must include an original signature and must be dated. Incomplete reports will be returned.

| QUARTERLY REPORTING PERIOD |
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| □ January 1 – March 31, <i>due between 4/1-4/7</i> □ July 1 – September 30 <i>due between 10/1-10/7</i> |
| □ April 1 – June 30, <i>due between 7/1-7/7</i> □ October 1 – December 31, <i>due between 1/1-1/7</i> |
| PERSONAL/CONTACT INFORMATION: |
| Name: Is your license active? Yes 🗌 No 🗌 |
| ADDRESS: Is this new? Yes No If yes, did you notify your probation monitor within 15 days? Yes No Physical: |
| Probation Monitor: |
| Have you applied for or obtained a new registered nursing license in any other state or territory? Yes 🗌 No 🗌 |
| f yes, please identify which state or territory and license number(s): |
| RN EMPLOYMENT STATUS: |
| Are you currently OR were you employed as an RN during the quarter? 🗌 Yes 🗌 No 🛛 If yes, answer below: |
| a)Has your employment been approved by the Board? Yes 🗌 🔲 No 🗌 Date of Approval: |
|) Have you ensured that Work Performance Evaluations have been submitted by the required due dates? Yes 🗌 No 🗌 |
| e) Did you have the required level of supervision? Yes 🗌 No 🗌 |
| l) <u>Has your DON, Supervisor or Work Site Monitor changed during this quarter?</u> Yes 🗌 No 🗌 |
| If yes, were these changes approved by the Board? |
| If No, to any answer a-c, explain below: |
| Employer(s): |
| Supervisor's Name/Title(s):Supervisor's Phone Number(s) |

| DISCIPLINARY RECORD |
|---|
| In this quarter were you disciplined by your employer in any manner, i.e., adverse action, counseling, reprimand, suspension, demotion, termination? Yes 🗌 No 🗌 |
| If you answered yes, provide a detailed explanation (attach all documentation relating to the imposed discipline): |
| In this quarter, were you the subject of a complaint, review or investigation by your employer? Yes 🗌 No 🗌 |
| If you answered yes, provide a detailed explanation of the incident that led to the filing of a complaint/investigation. Include the status of the investigation: |
| |
| EDUCATION: (attach original certificates and required paperwork) |
| |
| Have you completed assigned course(s)? Yes No |
| If no, explain below: |
| Please indicate which assigned courses you have not completed: |
| |
| Please indicate courses you have completed this quarter: |
| CourseHours/UnitsDate Complete |
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| |
| RECOVERY COSTS: |
| Do you owe cost recovery? Yes 🗌 NO 🗌 How much do you still owe? |
| Do you have a payment plan approved by the board? YES 🗌 NO 🗌 |
| In this quarter have you followed your payment plan as directed in your conditions of probation? Yes 🗌 No 🗌 If no, explain: |
| |
| ****DO NOT SEND PAYMENT(S) WITH YOUR QUARTERLY REPORT**** PAYMENTS MUST BE SENT SEPARATE FROM ANY CORRESPONDENCE THAT IS INTENDED FOR YOUR PROBATION MONITOR. |
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| THERAPY: (please complete the following if applicable) | |
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| Are you currently participating in therapy? Yes 🗌 No 🗌 | |
| Have you completed an on-going therapy program? Yes No List the type(s) of therapy How often do you attend? | |
| List the dates of your scheduled appointments during the quarter and if you attended: | |
| Doctor/Therapist's Name: License No.: | |
| Address:Telephone No.: | |
| Have you ensured that your On-going Therapy form has been submitted as required? Yes 🗌 No 🗌 | |
| REHABILIATION PROGRAM: (complete if applicable) 🗌 N/A | |
| Have you completed an alcohol/drug rehabilitation program approved by the Board? Yes 🗌 No 🗌 | |
| Have you submitted proof of completion to the Board? Yes 🗌 No 🗌 | |
| Are you currently participating in an alcohol/drug rehabilitation program? Yes 🗌 No 🗌 If yes, answer below: | |
| Name of Program: Address: Telephone Number: | _ |
| | |
| What type of program are you attending? 🗌 Residential 🔲 In-patient 🗌 Out-patient | |
| Date entered into the program: | |
| What treatment components did the program include? | |
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| | |
| CHEMICAL DEPENDENCY: (complete the following if applicable) 🗌 N/A | |
| Are you required to participate in chemical dependency/12-step meetings (i.e. AA/NA) Yes No How many meetings are you required to attend per week? | |
| Where do you attend your meetings? | _ |
| Are you required to attend Nurse Support Group? Yes 🗌 No 🗌 Which group do you attend? Who is the facilitator? | _ |
| Have you ensured your facilitator has submitted the Nurse Support Group Quarterly Report? Yes 🗌 No 🗌 | |
| Have you missed any support meetings? Yes 🗌 No 🗌 If yes, explain: | |
| | _ _ |
| Do you have a sponsor? Yes 🗌 No 🗌 What is the date of your sobriety? Alcohol: Drugs: | |
| Have you missed any calls or tests with your testing lab? Yes 🗌 No 🗌 If yes, explain: | - |
| Have you abstained from alcohol and drugs during this period of probation? Yes 🗌 No 🗌 If no, explain: | |
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| PRESCRIPTION MEDICATIONS: |
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| Are you required to report prescription medication(s) to the Board? Yes 🗌 No 🗌 If yes, answer below. |
| Are you currently taking prescription medication(s)? Yes 🗌 No 🗌 If yes, list the medication(s), dosage and reason prescribed: |
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| Have there been any changes in your prescription medications since last quarter? Yes 🗌 No 🗌 If yes, list the medication(s), dosage and reason prescribed: |
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| Name/Phone of the Health Provider prescribing medication(s): |
| Have you submitted the Quarterly Psychotropic Drug Form? Yes 🗌 No 🗌 |
| OBEY ALL LAWS: |
| **** REPORT ANY ARRESTS, CONVICTIONS, AND ANY CITATIONS INCLUDING ANY DRIVING INFRACTIONS**** |
| In this quarter have you obeyed all laws? Yes 🗌 No 🗌 If no, explain: |
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| In this quarter have you been arrested? Yes 🗌 No 🗌 If yes, explain: |
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| Name of arresting agency: |
| In this quarter have you been convicted? Yes 🗌 No 🗌 If yes, explain: |
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| Name of court: |
| Court Address: Case Number: |
| Are you on criminal probation? Yes No If yes, explain: |
| Probation Officer: Phone Number: |
| ATTACH CERTIFIED COPIES OF ANY COURT AND/OR ARREST DOCUMENTATION |
| |
| I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF |
| CALIFORNIA THAT THE FOREGOING INFORMATION, ENCLOSED STATEMENTS, AND DOCUMENTS ARE TRUE AND CORRECT. |
| |
| Signature: Date: Date: Must be dated AFTER the end of the quarter! |
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