



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

- January 1 – March 31, _____ due between 4/1-4/7 July 1 – September 30 _____ due between 10/1-10/7
 April 1 – June 30, _____ due between 7/1-7/7 October 1 – December 31, _____ due between 1/1-1/7

PERSONAL/CONTACT INFORMATION:

Name: _____ RN License Number: _____ 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: _____

PO Box: _____

Phone Number: _____ E-mail: _____ Probation Monitor: _____

Have you applied for or obtained a new registered nursing license in any other state or territory? Yes No

If 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: _____

b) Have you ensured that Work Performance Evaluations have been submitted by the required due dates? Yes No

c) Did you have the required level of supervision? Yes No

If No, to any answer a-c, explain below:

Employer(s): _____

Address(s): _____

Telephone Number(s): _____ Shift/ Hours: _____ Job Title(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:

<u>Course</u>	<u>Hours/Units</u>	<u>Date Complete</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
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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.**

THERAPY: (please complete the following if applicable) N/A

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

REHABILITATION 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: _____ Name of Counselor: _____

Address: _____ Telephone Number: _____

What type of program are you attending? Residential In-patient Out-patient

Date entered into the program: _____ Scheduled Completion/Completion Date: _____

What treatment components did the program include?

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: _____

PRESCRIPTION MEDICATIONS:

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:

Have there been any changes in your prescription medications since last quarter? Yes No If yes, list the medication(s), dosage and reason prescribed:

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: _____

In this quarter have you been arrested? Yes No If yes, explain: _____

Name of arresting agency: _____

Arresting Agency Address: _____

In this quarter have you been convicted? Yes No If yes, explain: _____

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: _____

Must be dated AFTER the end of the quarter!