

Oklahoma Board of Nursing
2915 N Classen Blvd., Suite 524
Oklahoma City, Oklahoma 73106

405-962-1800
Fax 405-962-1819
www.ok.gov/nursing

SELF ASSESSMENT REPORT
(attach additional sheets if more room needed)

Instructions:

- To be completed and signed by the Respondent
- Complete entire form. Refer to Self Assessment Guidelines
- Submit to Board office between the 1st and 15th of the month due whether or not you are employed in nursing.
- All reports must be typewritten or legibly written in blue/black ink.
- Responses to all areas are required. It is not acceptable to write “Nothing has changed” or “Not Applicable (N/A)” on the report.
- Incomplete reports will be returned to the nurse for correction. The corrected report must be received by the due date or will be considered to be a late report and in violation of your probation or terms of your Order.
- All reports submitted must be **originals**. Copies and faxed reports are **NOT** acceptable.

Reporting month(s) _____

Name _____ License Number _____

Address _____

Telephone Number _____

Check here if your address or telephone number has changed since the last report.

Efforts to find employment (If not currently working in nursing) _____

Have you reviewed your Board Order/Agreement to Participate? Yes No

Do you continue to abide by its terms and conditions? Yes No If no, please explain what problems you are having in following your Order. _____

Have you had any health related issues this reporting period? (ie.: medical procedures, medication changes, use of narcotics, etc.) Yes No If yes, please explain. _____

EMPLOYMENT

Name of Employer: _____
Address: _____
Telephone Number: _____
Job Title: _____ How long have you been with this employer:? _____
Hours worked per week: _____ Duty hours: _____
Job responsibilities (if employed in nursing) _____

Did you work any overtime this reporting period? Yes No If yes, how many hours? _____
Please address any problems/concerns/accomplishments in the workplace: _____

PROGRESS TOWARD COMPLETION

What are your plans to meet the terms of probation? _____

Explain the progress toward your goals. _____

Any questions or concerns you have: _____

Any other information you wish to share? _____

IF APPLICABLE Yes No

Identify your support systems _____

Address activities and experiences which you feel are contributing to your personal recovery.

CERTIFY

I certify that the statements contained herein are true and completed to the best of my knowledge and belief.
Respondent Signature: _____ Date: _____