

Name: \_\_\_\_\_

Reporting Period (MO/YR): \_\_\_\_\_

### MONTHLY SUPERVISION SELF-REPORT

Please complete this report and return to the office of the Board, 4848 N. Lincoln Blvd., Suite 100, Oklahoma City, OK 73105 (Fax 405.557.0653) by the 10<sup>th</sup> of the month following the reporting period. Failure to do so may result in a Citation. Please use additional paper as necessary.

- 1.) Has your home, practice address or telephone number changed since your last report?  
\_\_\_\_\_ If yes, please list your current address and telephone number.

HOME: \_\_\_\_\_

PRACTICE: \_\_\_\_\_

CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

- 2.) How many hours do you typically work per week? \_\_\_\_\_

- 3.) If you are planning to take vacation, please provide the dates and location: \_\_\_\_\_

- 4.) **Since your last report:** List any hospitals, licensing authorities, governmental agencies, or other entities that have taken action to limit, suspend, revoke, or modify privileges: \_\_\_\_\_

- 5.) What is the current status of your OBN/DEA narcotics permits? \_\_\_\_\_

- 6.) **Since your last report:** Describe any previously unreported legal actions pending or actions resolved (criminal and civil): \_\_\_\_\_

- 7.) **Since your last report:** If you have been treated by a health care provider, who provided the care and what was the reason? \_\_\_\_\_

- 8.) If any medications were prescribed for your use, what were the medications, the quantities, and dosage. \_\_\_\_\_

- 9.) Please communicate any progress you've made in addressing the terms and conditions of your board order(s): \_\_\_\_\_

- 10.) If your Board Order requires attendance in OHPP meetings or therapy, attach attendance sheets showing meetings attended.

Signature: \_\_\_\_\_