

**ARIZONA STATE BOARD OF NURSING  
CANDO PROGRAM  
4747 NORTH 7TH STREET, SUITE 200  
PHOENIX, ARIZONA 85014-3655  
(602) 771-7865 FAX (602) 771-7882**

**INDIVIDUAL/GROUP COUNSELING REPORT**

The nurse who is submitting this form to you is a participant in the Arizona State Board of Nursing CANDO Program which is a diversion process for nurses with chemical dependency issues. Part of the requirement for our participants is that they document on a regular basis all individual and/or group experiences.

1. Upon entry into an agreement for counseling, please submit a letter on your business letterhead to the above address counseling. Please have your client sign an appropriate release of confidential information so that you may provide ongoing information to the CANDO Program.
2. Periodically, the client will provide you with a form to submit to CANDO. It is the client's responsibility to allow you time to complete the report before it is due. You may choose to complete the form with the nurse to discuss goals and concerns.
3. If you have any concerns regarding the client's safety to self or others, please inform CANDO immediately. Your involvement is an integral part to this client's recovery and your input is requested if you have any comments or concerns.

If you would like to know more about the CANDO Program, please do not hesitate to call.