

**ARIZONA STATE BOARD OF NURSING
1740 WEST ADAMS STREET, SUITE 2000
PHOENIX, ARIZONA 85007-2607**

**EMAIL: ATD@azbn.gov
Monitoring@azbn.gov**

INDIVIDUAL/GROUP COUNSELING REPORT

The nurse who is submitting this form to you has entered an agreement with the Arizona State Board of Nursing and is required to obtain individual or group counseling and provide documentation of participation in treatment by the therapist.

1. Upon entry into an agreement for counseling, please submit a letter on your business letterhead to the above address/contact sites. Please have your client sign an appropriate release of confidential information so that you may provide ongoing information to the Board's Monitoring or Alternative to Discipline Programs.
2. Periodically, the nurse/client will provide you with a reporting form for Board. 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 the Board's Compliance staff immediately at 602-771-7860. 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 Board's Monitoring or Alternative to Discipline programs, please visit our website azbn.gov or you may email us at the addresses noted above.