



Doug Ducey
Governor

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Executive Director

Arizona State Board of Nursing

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Home Page: <http://www.azbn.gov>

PLEASE EMAIL REPORTS TO
MONITORING@AZBN.GOV

TO: FACILITATOR: RECOVERY GROUP

FROM: Arizona State Board of Nursing - MONITORING

START DATE: _____

REGARDING: _____

Print Name of Nurse

INSTRUCTIONS

1. On receipt of this form, please submit this form to the Arizona State Board of Nursing, Monitoring Program acknowledging that the above-named nurse has joined the support group. The nurse is required to sign an appropriate release of information so that you, the support group facilitator, can provide this information to the Board.
2. On a monthly basis, please submit to "MONITORING" the group attendance of the above nurse.
3. Notify the Board in c/o "MONITORING" immediately should this nurse terminate with the support group for any reason and/or should this nurse be suspended or terminated from the group for any length of time.
4. All reports and other correspondence relating to this matter should be mailed to the address shown above on this letterhead to the attention of "MONITORING." If there is ever a problem, notify "MONITORING" at (602) 771-7860.

THANK YOU FOR YOUR COOPERATION