



Doug Ducey
Governor

Joey Ridenour
Executive Director

Arizona State Board of Nursing

1740 West Adams Street, Suite 2000

Phoenix, Arizona 85007

Telephone (602) 771-7800

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

PLEASE EMAIL REPORTS TO MONITORING@AZBN.GOV

TO: CHEMICAL DEPENDENCY REHABILITATION PROGRAM

FROM: Arizona State Board of Nursing - MONITORING

DATE: _____

REGARDING: _____

Print Name of Nurse

The above-named nurse is required to provide the Arizona State Board of Nursing with proof of entry into a chemical dependency rehabilitation program. The nurse must sign an appropriate release of confidential information form allowing the program to inform the Board of entry, participation, progress and discharge or termination from the program.

INSTRUCTIONS

1. Immediately on entry into the rehabilitation program please inform the Monitoring Program, in writing on your letterhead, of the nurse's date of entry. All correspondence with regard to this matter should be emailed or mailed to the address shown above and to the attention of MONITORING.
2. Upon successful completion of the program, please inform the Monitoring Program, in writing, of the date of completion. Also state the recommendations and/or other arrangements made for follow-up care.
3. Should this nurse terminate with the program prior to completion, please notify the Monitoring Program immediately at (602) 771-7860.

THANK YOU FOR YOUR COOPERATION