

ARKANSAS STATE BOARD OF NURSING

1123 S. University Ave., Suite 800
Little Rock, AR 72204
501.686.2700



Arkansas Department of Health

Division of Healthcare Related
Boards & Commissions

Licensed nurse _____ License number _____
Prescriber's name _____ Phone _____
Facility name _____
Facility address _____ City _____ Zip _____

SHORT-TERM TREATMENT ABSTINENCE WAIVER

I am aware that the above-named individual is under an abstinence-based monitoring contract (which includes random, observed drug screening) through the Arkansas State Board of Nursing.

I am treating the above-named individual for condition(s) which require short-term (less than 3 weeks) controlled substances or abuse-potential substances for an acute condition and have a formal treatment in place.

Diagnosis	Medication	Dose	Start Date	End Date

Prescriber Signature

Date

Please forward the information directly to ASBN email at ASBN.monitoring@arkansas.gov