



**ARKANSAS STATE BOARD OF NURSING
DEPARTMENT OF ENFORCEMENT**

REQUEST FOR NEW MONITORING DUE DATES

If you have not created a nurse portal please create by going to the Arkansas State Board of Nursing website www.arsbn.org. Ensure all contact information is accurate in the ASBN Nurse Portal.

Please complete the following and submit under the category Discipline/Monitoring within the nurse portal message center:

Name: _____

License Number: _____

Current address: _____

Current phone number: _____

Current email: _____

Employed? _____ Name of employer: _____

What actions have you taken to ensure 100% compliance with the terms of your suspension since your last attempt to remain compliant during the suspension period?

(Print Name)

(Signature)

(Date)