Arkansas Department of Health

Arkansas State Board of Nursing

1123 S. University Ave., #800 • Little Rock, AR 72204

(501) 686-2700 • Fax (501) 686-2714

Licensed nurse _____ License number_____

Prescriber's name _____ Phone_____

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 (Board).

I am treating the above-named individual for condition(s) which require controlled substances or abuse-potential substances and have a formal treatment plan in place.

Diagnosis/Diagnoses*_____

_____

Medication(s) _____

_____

_____

_____ _____

Prescriber signature Date

_____ _____

Licensee signature Date

*Diagnoses of Anxiety Disorder, ADD/ADHD, Depression, and other mental health conditions should be made by a mental health provider and based on the classification(s) identified in the *Diagnostic and Statistical Manual of Mental Health Disorders* (*DSM-5*).