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

PERSONAL REPORT

Licensee_____ License Number_____

Report for quarter (month to month) _____

Address_____

Phone number_____ Email_____

Employed?_____ Employed as a nurse?_____ Name of employer_____

Has any of the above information changed since your last report? ☐ No ☐ Yes *(You must update information in your ASBN Nurse Portal account)*

1. Are you remaining compliant with your Board Order? ☐ Yes ☐ No – Provide explanation and your plan to prevent further noncompliance on the back of this report.
2. How are you doing? _____

   _____
3. What are you doing well?_____

   _____
4. What are you struggling with? _____

   _____
5. What are you doing to cope? _____

   _____
6. Who is your support person(s)? _____

   _____
7. Any major change(s)?_____

   _____

Signature_____ Date_____

Instructions for Licensee:

Upload signed document in your Affinity account under Documentation / Reports / Available Reports / Add Attachment.