

Oklahoma Board of Nursing  
2915 N Classen Blvd., Suite 524  
Oklahoma City, Oklahoma 73106

405-962-1800  
Fax 405-962-1821  
www.ok.gov/nursing

**SELF ASSESSMENT REPORT**  
**(attach additional sheets if more room needed)**

Instructions:

- To be completed and signed by the Respondent
- Complete entire form. Refer to Self Assessment Guidelines
- Submit to Board office between the 1<sup>st</sup> and 15<sup>th</sup> of the month due whether or not you are employed in nursing.
- All reports must be typewritten or legibly written in blue/black ink.
- Responses to all areas are required. It is not acceptable to write “Nothing has changed” or “Not Applicable (N/A)” on the report.
- Incomplete reports will be returned to the nurse for correction. The corrected report must be received by the due date or will be considered to be a late report and in violation of your probation or terms of your Order.
- All reports submitted must be **originals**. Copies and faxed reports are **NOT** acceptable.

Reporting month(s) \_\_\_\_\_

Name \_\_\_\_\_ License Number \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Check here if your address or telephone number has changed since the last report.

Efforts to find employment (If not currently working in nursing) \_\_\_\_\_

Have you reviewed your Board Order/Agreement to Participate? Yes No

Do you continue to abide by its terms and conditions? Yes No If no, please explain what problems you are having in following your Order. \_\_\_\_\_

Have you had any health related issues this reporting period? (ie.: medical procedures, medication changes, use of narcotics, etc.) Yes No If yes, please explain. \_\_\_\_\_

**EMPLOYMENT**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Job Title: \_\_\_\_\_ How long have you been with this employer:? \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Duty hours: \_\_\_\_\_

Job responsibilities (if employed in nursing) \_\_\_\_\_

Did you work any overtime this reporting period?  Yes  No If yes, how many hours? \_\_\_\_\_

Please address any problems/concerns/accomplishments in the workplace: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROGRESS TOWARD COMPLETION**

What are your plans to meet the terms of probation? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Explain the progress toward your goals. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any questions or concerns you have: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information you wish to share? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF APPLICABLE  Yes  No**

Identify your support systems \_\_\_\_\_

\_\_\_\_\_

Address activities and experiences which you feel are contributing to your personal recovery.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFY**

I certify that the statements contained herein are true and completed to the best of my knowledge and belief.

Respondent Signature: \_\_\_\_\_ Date: \_\_\_\_\_