



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.