



# 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

### TREATMENT PROVIDER REPORT

Licensee \_\_\_\_\_ License number \_\_\_\_\_

Due Dates \_\_\_\_\_

Monitored nurse to fill in the **months** the reports are due. All documentation must be submitted by the 10<sup>th</sup> of the months listed.

Licensee is required to submit a Treatment Provider Report every three (3) months. Please complete and give to licensee to submit or you may send directly to the Board at [ASBN.monitoring@arkansas.gov](mailto:ASBN.monitoring@arkansas.gov).

Primary Treatment Focus \_\_\_\_\_

Secondary Treatment Focus \_\_\_\_\_

Medication	Indication	Dosage & Frequency	Number of Refills

*Please use the back of this form if you need additional space to list medications.*

Participant’s current diagnosis \_\_\_\_\_

Has there been any change in participant’s diagnosis? If yes, please explain \_\_\_\_\_

Participant’s treatment plan, recommendations, and interventions \_\_\_\_\_

\_\_\_\_\_  
Treatment Provider signature

\_\_\_\_\_  
Print name and title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

Instructions for Licensee if report given to you by provider:

- Licensee **with Affinity** drug monitoring account – upload signed document in your Affinity account under Documentation/Reports/Available Reports/Add Attachment
- Licensee without drug monitoring – please email to [ASBN.monitoring@arkansas.gov](mailto:ASBN.monitoring@arkansas.gov).