Clean and Sober Date: ___________________________________________________________

List all of your drugs of choice (both legal and illicit): ______________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Have you ever attended AA, NA, or other nationally-recognized 12-step program or other type of support group? If so, how often did you attend and include a letter from your sponsor or counselor on your behalf. ________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

*Submit this completed document through your Arkansas Nurse Portal account.

__________________________________________
(Name)

__________________________________________
(License Number) (Date)