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)