



REINSTATEMENT – PERSONAL REPORT

Clean and Sober Date _____

List all 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? Include a letter from your sponsor or counselor on your behalf.

Name _____ License number _____ Date _____

Submit this completed document through your Arkansas Nurse Portal account.