



## NURSE SUPPORT GROUP FACILITATOR REPORT - PROBATION

- Reporting is due on a quarterly basis as defined in the reporting section. Reports are due no later than 10 days after the last day of the reporting period.
- Report Submission:
  - Email: This is the preferred method. Reports must be submitted as a PDF file directly to the assigned Probation Monitor or Probation Manager.
  - Fax: (916) 574-7695
  - Mail: 1747 N. Market Blvd., Ste. 150, Sacramento, CA 95834
- Each section must have a response. Indicate N/A if there is nothing to report. Reporting must be factual and contain unbiased responses. Incomplete reports will be returned to the facilitator for correction.

### PROBATIONARY RN

Name:   
RN Number:   
Probation Monitor:

### REPORTING PERIOD

Select the reporting period and define the year.

- QUARTER 1 (Due by 4/10): January 1 – March 31,
- QUARTER 2 (Due by 7/10): April 1 – June 30,
- QUARTER 3 (Due by 10/10): July 1 – September 30,
- QUARTER 4 (Due by 1/10): October 1 – December 31,

### ATTENDANCE

Did you cancel any meeting(s) during the quarter?  Yes  No  
If yes, list the exact dates the meeting(s) were cancelled:

Other than the cancelled meetings listed above, has the participant attended all weekly meetings during the quarter?  Yes  No

If no, list the exact dates the participant did not attend a meeting(s):

RN Name:

RN#:

**COMMENTS**

Has the participant reported **and/or** have you suspected any drug or alcohol abuse?  Yes  No

Describe the circumstances below:

Describe the participant's level of participation with nurse support group, including his/her motivation in the recovery process:

Describe any issues that may be affecting the participant's recovery program:

Additional Comments (List any additional concerns the Board may need to be aware of):

RN Name:

RN#:

PROBATION STAFF		
STAFF NAME	PHONE NUMBER	EMAIL ADDRESS
Team 1		
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General Probation inquiries can be emailed to the General Probation Inbox at [brnprob@dca.ca.gov](mailto:brnprob@dca.ca.gov).

### ACKNOWLEDGEMENT AND SIGNATURE

I hereby certify I have read and completed this document, have been afforded an opportunity to ask questions, and fully understand its content. The information reported is true to the best of my knowledge.

Facilitator Name:

Email:

Phone Number:

Facilitator Signature:

Date: