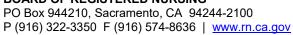


BOARD OF REGISTERED NURSING





MENTAL HEALTH EXAMINATION

Name of Probationary Nurse:	License #:
perform a mental health examination including a colicense, which includes scope of practice to co experience in providing evaluations of health prof Board's Decision, Stipulated Settlement, Accusation pre-approved evaluator MUST be the individual corequirements. YOUR NAME, LICENSE NUMBER, CURRICULUM V. Nursing for approval prior to the examination. The evaluator shall not have a financial relationship, the last five years. The evaluator shall provide an object of the provide and the strength of the same provide and the same pr	serving a probation term with this Board and has chosen you to linical diagnostic evaluation. (1) You must hold a valid, unrestricted nduct a clinical diagnostic evaluation (2) have at least 3 years of essionals with the substance abuse disorder(s)/Issues stated in the n and/or Statement of Issues (3) be pre-approved by the Board (The mpleting the examination.) Initial that you meet the above ITTAE, AND RESUME must be submitted to the Board of Registered personal relationship, or business relationship with the licensee within jective, unbiased, and independent evaluation.
You must obtain a complete copy of the Board Statement of Issues from the probationary nurse. Probation Unit no later than	d's Decision or Stipulated Settlement including the Accusation or Complete the examination and submit your narrative report to the Format the results of your examination in the narrative, and in below and return completed report to the Board of Registered
 Accusation or Statement of Issues. Also ince 2. A statement regarding whether a drug test was not performed, a statement explaining of the statement and the statement explaining of the methods used in your efficiency. A description of the background and current of the statement explaining of	was performed, and if so, the results of the test. If a drug test why it was not performed. sed on appropriate psychological testing. examination and the type of test(s) administered, if any. t mental health status of nurse. eistics of sociopathic or violent behavior.
Examiner's Name: Specialty, if any:	License #
Address:	Phone () E-Mail:
Signature:	Date:

Board of Registered Nursing-Probation Unit Attn: Probation Monitor PO Box 944210 Sacramento, CA 94244-2100