

Name: _____

Reporting Period (MO/YR): _____

MONTHLY SUPERVISION SELF-REPORT

Please complete this report and return to the office of the Board, 5400 N. Grand Blvd., Suite 130, Oklahoma City, OK 73112 by the 10th of the month following the reporting period. Failure to do so may result in a Citation. Please use additional paper as necessary.

- 1.) Has your home, practice address or telephone number changed since your last report?
_____ If yes, please list your current address and telephone number.

HOME: _____

PRACTICE: _____

CELL: _____

EMAIL: _____

- 2.) How many hours do you typically work per week? _____

- 3.) If you are planning to take vacation, please provide the dates and location: _____

- 4.) **Since your last report:** List any hospitals, licensing authorities, governmental agencies, or other entities that have taken action to limit, suspend, revoke, or modify privileges: _____

- 5.) What is the current status of your OBN/DEA narcotics permits? _____

- 6.) **Since your last report:** Describe any previously unreported legal actions pending or actions resolved (criminal and civil): _____

- 7.) **Since your last report:** If you have been treated by a health care provider, who provided the care and what was the reason? _____

- 8.) If any medications were prescribed for your use, what were the medications, the quantities, and dosage. _____

- 9.) Please communicate any progress you've made in addressing the terms and conditions of your board order(s): _____

- 10.) If your Board Order requires attendance in OHPP meetings or therapy, attach attendance sheets showing meetings attended.

Signature: _____