

**Vermont Board of Nursing**  
**TREATING PROFESSIONAL MONTHLY REPORT**  
**For Conditioned Licensees**

Licensee's Name: \_\_\_\_\_

Treating Professional's Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Month & Year Covered in this Report: \_\_\_\_\_

**Monthly progress reports (due on the 7<sup>th</sup> day of each month) are required by the Vermont Board of Nursing for this licensee to comply with his/her Board Order. Please provide a copy of this individual's treatment plan/goals to the Board with your first monthly report, if not previously submitted. Monthly reports should address client's progress toward treatment goals and/or revision in the treatment plan. Please be candid regarding both treatment successes and issues affecting this nurse. Attach a separate sheet if more room is needed and call the Board office if specific issues or questions arise.**

1. Dates and location of in-patient treatment during the last month, if applicable:

2. Date(s) of out-patient session(s) during the last month:

• Individual \_\_\_\_\_

• Group \_\_\_\_\_

Type of group: \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

3. Please discuss any concerns regarding this client's recovery.

4. To the best of your knowledge, has this client relapsed? If yes, please supply a detailed summary.

5. Describe difficulties encountered in helping this client meet the requirements of his/her conditions/stipulations.
  
6. Please evaluate the client's progress in meeting his/her treatment goals.
  
7. Please discuss specific treatment plans for the next month, including your plans for ongoing monitoring.
  
8. The Board of Nursing has a responsibility to protect the public. Do you think this client is able to safely practice in the nursing profession?

Yes \_\_\_\_ No \_\_\_\_ (Please explain)

9. Prognosis?

10. Additional comments:

Credential Number	Title
(____) _____	_____
Telephone Number	Email address
Signature	____/____/____ Date

Thank you for your commitment to this licensee and to the protection of the public.  
Please submit this evaluation form by the 7<sup>th</sup> of every month to the Board of Nursing Office

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(Attention: Sandy Swenson)