



**Iowa Board of Nursing
Enforcement Unit**

Iowa Board of Nursing
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685

Phone 515-281-6472
Fax 515-281-4825
Website nursing.iowa.gov

Form for Nurse to Self-Report

Nurse Self-Reporting		
Name (First, Middle, Last):		License Number:
City:	State:	Zip:
Enter Your Birth Date (MM/DD/YYYY):		
Employer Name:		
Employer Address (Number & Street):		
Employer Phone Number:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Business Phone:
What is/was your position with this Employer?:		
Personal Email Address:		
Additional Information (former names, other license numbers)		

Reported to additional governmental agencies? (Law Enforcement, DIA, Medicaid Fraud, other Board, etc.):
Agency:
Case number:
Name of contact:
Contact number/email address:

Reason for the Self-Report: Please print clearly. Please provide a brief summary and include the materials listed below.

I certify that all the information that I have provided herein is true and correct to the best of my knowledge.

Your Signature

Date

**PLEASE RETURN TO: Iowa Board of Nursing
400 SW 8th Street, Suite B
Des Moines, IA 50309-4685
Phone: 515-281-6472
Fax: 515-281-4825
enforce@iowa.gov**

This Board and its Investigators are authorized by Iowa Code §§ 147.55, 152.10, 152.11 and 272C.3, to investigate nurses licensed by this state for the purposes set forth in the cited statutes. Iowa Code §272C.6(4) further ensures that protected information will be maintained as privileged and confidential to the extent of the law. The Iowa Board of Nursing is a HIPAA exempt regulatory agency. Please forward documents that are **not** redacted.

Please send in documentation supporting the above mentioned concerns as follows but not limited to the following:

- Letter of explanation
- Criminal Court Records from Clerk of Court (Complaint/Affidavit showing charge, Plea of Guilt, Conviction, and Sentencing Order)
- Discipline records from other jurisdiction
- Signed authorization/release for substance abuse records and/or mental health records.
- Full comprehensive Substance use/Mental health Evaluation (usage history, diagnosis, recommendations)
- Full comprehensive Discharge Summary (Dates of services, further recommendations)
- Updated Progress Notes
- Witness statements
- Witness contact information (address, phone, email, position at facility)
- All relevant drug/alcohol tests
- Any other **relevant** records

This information will be utilized only for purposes authorized by Iowa law. This information will not be utilized for any other purpose other than stated in this request.