

**Continuing Care Monitoring Agreement
for the Impaired Practitioner's Review Committee**

I, _____, agree to serve as continuing care provider for _____ who is a participant in the Impaired Practitioner Program of the Impaired Practitioner's Review Committee (IPRC). I have read the Recovery Contract for the aforementioned practitioner and I agree to assist with her/his recovery/rehabilitation impaired from substance use disorder.

As the continuing care provider for the aforementioned practitioner, I agree to make reports to the IPRC on the 20th of January, April, July, and October of each year. I understand that the reports should address the aforementioned practitioner's participation in therapy and treatment, progress, prognosis, ability to remain in active practice with safety and skill, and compliance with the terms of her/his Recovery Contract.

I also agree to make a final report to the IPRC at the completion of the continuing care program. I understand that the report should address the aforementioned practitioner's participation in therapy and treatment, progress, prognosis, ability to remain in active practice with safety and skill, and compliance with the terms of her/his Recovery Contract.

In addition, if I become aware at any time that the aforementioned practitioner is not in compliance with the terms of her/his Recovery Contract or has a relapse of her/his condition, I agree to inform the IPRC as soon as possible.

Signature of Monitor

Date

In case the Impaired Practitioner Committee (IPRC) would need to contact you please indicate the address and telephone number where you would prefer to be contacted. We would also like to get an email address if possible but this is not required. Generally the IPRC would not need to contact you.

Mailing Address _____

Telephone Number _____ E-mail _____