

INITIAL CONTACT FORM

Complete this form after speaking with your Compliance Case Manager (CCM) and mail, email, or fax the completed form to your CCM within seven (7) calendar days of speaking with your CCM.

NAME: _____

HOME ADDRESS: _____

TELEPHONE: (cell) _____ (home) _____

(work) _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

SUPERVISOR NAME: _____

Complete this section only if required to enter into the Health Practitioners' Monitoring Program ("HPMP"). Otherwise, leave blank.

(check ONE below and complete the requested information)

I have already signed a contract with HPMP.

My HPMP Participation Contract was signed on _____ (date), and my HPMP Recovery

Monitoring Contract was signed on _____ (date).

My HPMP Case Manager's name is _____ and a copy of my current HPMP contract is attached.

OR

I have contacted HPMP about signing a contract and expect to enter HPMP by _____ (date).

My HPMP Case Manager's name is _____, and I will provide a copy of the contract to the Board once it is signed.

By signing below, I acknowledge that:

- I understand that compliance with the Board's Order is my responsibility.
- I spoke with my Compliance Case Manager and I understand the compliance process and the requirements within the Order.
- If I have questions about the terms of compliance, I will contact the Compliance Case Manager.

Signature

Date