Virginia Health Practitioners' Monitoring Program
Monthly Work Site Monitor Report
(Pharmacists)

Name of Participant: _____ **Client #** _____ **CM:** _____

Date of Report: _____ **For Month:** _____**, 20**_____

Employer's name and address:
Employer's phone number:
Is the demographic information a change from the last report? ☐ Yes ☐ No

Average work hours per day: _____ **Average total hours per week:** _____

Shifts worked: ☐ Day ☐ Evening ☐ Night ☐ Weekend

Number of absences: _____ **Number of late arrivals:** _____

Did you see the participant face-to-face this month? ☐ Yes ☐ No

Please tell us your assessment of this individual's work performance since last month (or the last report you filed) and include supporting comments: ☐ Very Good ☐ Good ☐ Fair ☐ Poor ☐ Very Poor

Number of medication errors: _____ **Average number of prescriptions filled per day by participant:** _____

Do you believe this is an unusual number of errors? If yes, please explain in comments. ☐ Yes ☐ No ☐ N/A

With what medications were errors made? Please itemize: _____

Has there been any unexplained loss of controlled substances in the pharmacy? ☐ Yes ☐ No
If yes, please elaborate: _____

Have there been any new complaints from customers or coworkers about participant's performance?
☐ Yes ☐ No

Has any disciplinary action been necessary?
☐ Yes ☐ No

If yes, was it written or verbal?
☐ Written ☐ Verbal

Comments/Concerns: _____
_____

Do you need more information about the Virginia Health Practitioners' Monitoring Program (HPMP) or participant? ☐ Yes ☐ No

Do you need to speak with the participant's case manager? ☐ Yes ☐ No

As far as you are aware, is the participant complying with the standards of acceptable and prevailing practice and appear able to practice with reasonable skill and safety? ☐ Yes ☐ No

Person Completing Report (Print Name): _____ Title: _____ Date: _____

Signature: _____ Telephone: _____

(Please fax this form to 804-828-5386 by the 10th of the month.)
Thank you for your cooperation!

For Office Use Only
Date Received by HPMP: _____ Case Manager: _____