

## Initial Contact Form

① Call your Compliance Case Manager, ② fill in this form and sign it, and ③ mail it to the Board

<b>Name of Person Monitored</b>	<b>Occupation</b>
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**By my signature below, I attest that:**

1. I have read and I understand the "**Compliance FAQs**" found on the Board's website:  
<https://www.dhp.virginia.gov/Boards/Nursing/AbouttheBoard/FAQ/>
2. I called and spoke with my Compliance Case Manager (CCM),
  - named \_\_\_\_\_, on this date, \_\_\_\_/\_\_\_\_/\_\_\_\_,
  - to review the terms and conditions of my Order, which was entered by the Board on \_\_\_\_/\_\_\_\_/\_\_\_\_.
3. I understand what each term of my Order requires of me. If I do not yet understand my terms, I understand that I should contact my CCM until I am clear on what is required of me, since my compliance with the Board's Order is my responsibility.
4. I understand that to be released from my Order, I must complete the terms, submit my request for release in writing, and receive my release in writing from the Board.
5. I can obtain a copy of:
  - My Order at <https://dhp.virginiainteractive.org/Lookup/Index> and
  - Blank compliance forms at <https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/Forms/>.

6. I understand that my CCM always needs my current contact information, and any updates, if any of this information changes:

<b>Permanent Address</b>	_____		
City/State/Zip	_____		
	<input type="checkbox"/> This Is A Change Of Address, Effective: _____, 20____		
	<input type="checkbox"/> This Is To Be My "Address Of Record" With The Board, Effective: _____, 20____		
Temporary Address	_____		
Phone [Home]	_____	Phone [Cell]	_____
Email Address	_____	Phone [Fax]	_____

<b>Current Employment</b>	<i>List <u>all</u> current employment information; continue on the back of this page if more space is needed.</i>
	If required by your Order, have all your current positions been Board-Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Employer</b>	_____
Address	_____
Supervisor(s)	_____
Supervisors' Phone	_____
Date Employed	_____
Date Terminated / Resigned	_____
If terminated or resigned, explain:	_____

Does this an employment setting require you to hold a current license / certificate / registration?  Yes  No

*Briefly Describe Job Duties:* \_\_\_\_\_

I signed a contract with *Health Practitioners' Monitoring Program ("HPMP")*; I  entered voluntarily  was Ordered to enter.

***It is recommended that you keep copies for your records of all documents you submit while under the terms of the Board's Order.***

**Signature of Monitored Person** \_\_\_\_\_

**License, Registration Or Certificate Number** \_\_\_\_\_

**Date** \_\_\_\_\_