



## INITIAL CONTACT FORM

***This form should be completed after speaking with your Compliance Case Manager.***

Forward the signed form within seven (7) days of speaking with your Compliance Case Manager. The form can be mailed, emailed or faxed.

**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