

PRN Request Form Instructions

INFO: The PRN Committee reviews requests on a quarterly basis. Only one request at a time can be approved by the Committee. The PRN Committee generally meets in January (phone), April, July (phone) and October. If you want to have your request added to the agenda in time please have this form filled out the beginning of the month prior to the meeting. i.e. early December (for Jan), early March (for April), early June (for July) and early Sept (for Oct).

For each request change period, the participant may request a decrease of no more than:

Six toxicology tests/year— will never drop lower than 18 tests/year

One mutual support group (12-Step)/week—will never drop lower than 1 meeting/week

One sponsor meeting/month—will never drop lower than 1 meeting/month

One Health Professionals support group meeting/month—will never drop lower than 1 meeting/month and must have met at least 90 meetings with the group

This request form most likely will not be used for special requests i.e. return to work, support for reinstatement of DEA.

REQUEST SCHEDULE: after 1 year, 1.5 years, 2 years, 2.5 years, 3 years, 3.5 years, 4 years, 4.25 years, 4.5 years and 4.75 years.

INSTRUCTIONS

Please answer and submit to the PRN office questions A – M. The PRN Committee reviews requests on a quarterly basis. **Feel free to save this document to your computer and type in the responses.**

- A. Please list the meetings you attend each week. Please include the name, type of meeting and format. Please identify your home group. Discussed why you go to this meeting and its strengths and weaknesses.
- B. Please list your sponsor. Tell us the nature of your current relationship; how often you meet, what do you discuss in terms of your recovery program. What are the strengths and weaknesses of your current relationship with your sponsor?
- C. Who are your current monitors? Please list them by name. Describe the nature of your relationship, how often you meet and strengths and weaknesses of your current relationship with her monitors.
- D. Described your current spiritual program.
- E. Please describe how you deal with strong emotions and how you achieve balance in your

life. Please be specific. Give examples from the last 6 months.

F. Please list any compulsive substitute behaviors you had engaged in since entering recovery. How do you deal with these compulsions?

G. Please list your current significant relationships. What are the strengths and weakness of each of these relationships?

H. Please describe your current physical health. What do you do to maintain it? Please describe any exercise programs and leisure time activities you routinely engage in.

I. Please describe your current professional status. Describe your work and job duties. How would you describe your current workplace attitude? Please describe the strengths and weaknesses of your current work life.

J. Please describe your current financial status. Do you plan to make any changes in the foreseeable future? If so, what is your plan?

K. What are you currently doing regarding continuing medical education? What is the status of your board certification?

L. Looking over your entire program of recovery, what would you say is your weakest area? What is your strongest area?

M. Please list your request for requirement changes. Please explain why you wish this change to be implemented. How do you feel it will benefit your program?