

Nurse Request Form

This request form is to be completed each time a client makes a routine request to their program. Routine requests include, but are not limited to: return to work, support for a restrictive active license (formerly limited license), decrease in program requirements and work restriction removal. Special requests can be made at any time.

Below you will find the request schedule for routine requests.

REQUEST SCHEDULE: *around the first 90 days then every 90 days thereafter. If your request was denied, you may request again (or make a different request) in 90 days.*

Questions:

Feel free to copy these questions into an email or a document (i.e. Word) and write your answers in.

1. 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?
2. Please list the meetings you attend each week. Please include the name, type of meeting and format. Please identify your home group.
3. Please list your sponsor (First name or initials only). Tell us the nature of your current relationship; how often you meet, what do you discuss in terms of your recovery program.
4. Who is your current work monitor(s)? Please list them by name. How often do you meet?
5. Please describe your current job duties and list your job title. Please describe the strengths and weaknesses of your current work life.
6. Looking over your entire program of recovery, what would you say is your weakest area? What is your strongest area?
7. Have you discussed this request with your support group facilitator? Workplace monitor? Sponsor?