QUARTERLY REPORT

for Worksite Monitor

LICENSEE RECOVERY PROGRAM of the
Impaired Practitioners Review Committee
Department of Public Health
Professional Licensure
Lucas State Office Bldg., 325 E. 12th Street
Des Moines, Iowa 50319-0075
515/281-4830

Quarterly reports are due by January 20, April 20, July 20, and October 20 of each year.

Worksite Monitor Information Name: Agency: Address: Phone: Fax: E-mail:	**Frequency of contact**: _____ Daily _____ Other (Specify) Note: The IPRC requires that the worksite monitor be another professionally licensed individual who has daily contact with the licensee unless otherwise approved by the IPRC.
Name of Licensee:	

Please provide <u>detailed</u> information below. Note any significant changes or events since your last report. If you need additional space, please feel free to use the back of this sheet or attach additional sheets. Please note that the licensee is under contract with the Impaired Practitioners Review Committee (IPRC). If your working contact with the licensee changes, please notify the IPRC immediately.

1. To the best of your knowledge, is the licensee in compliance with the terms of his/her recovery contract?

2. Have you noticed any inappropriate behavior, questionable practice or professional misconduct?

3. Please address the licensee's work attendance. Have there been any absences or instances of tardiness?

4. To the best of your knowledge has the licensee had any restrictions in scope of practice and/or changes that result from or may be affected by the licensee's impairment?

5. Other comments: