Pennsylvania
Department of State

Professional Health Monitoring Programs (PHMP)
Participation Cooperation Form

Please review the following aspects of the Professional Health Monitoring Programs (PHMP), Voluntary Recovery Program (VRP), carefully before signing and returning this form:

1. The licensee, at the licensee's own expense, will undergo an evaluation by a provider approved by the PHMP.
2. The licensee acknowledges eligibility for VRP participation is based on a determination by the PHMP-approved evaluator that the licensee suffers from a mental or physical impairment, such as a substance use disorder.
3. If enrolled in the VRP, the licensee will fully comply with the treatment and/or aftercare plan developed by the licensee's PHMP-approved provider and undergo random drug testing as directed by PHMP, at the licensee's own expense.
4. The licensee acknowledges that to remain eligible for VRP enrollment, the licensee must sign the licensing board's VRP Agreement. The fully executed VRP Agreement shall not be considered a public document nor public discipline and is not reportable to the National Practitioner Data Bank.
5. The licensee acknowledges failure to comply with the terms of their signed VRP Agreement may result in the initiation of formal disciplinary action against the licensee's license to practice.

I agree to cooperate with the PHMP and to provide any information necessary to determine my eligibility/ineligibility for the program.

I,_____, voluntarily agree to cooperate with the PHMP.

_____	_____	_____
Licensee's Signature	Date	Date of Birth

Having read the terms and conditions of participation in the PHMP, and reviewed the above

I,_____, voluntarily decline to cooperate with the PHMP.

_____	_____	_____
Licensee's Signature	Date	Date of Birth

PCF
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