

Impaired Practitioner Self-Evaluation Report Form
Bureau of Professional Licensure

**** CONFIDENTIAL ****

Name _____ Date of Report _____

Home Address _____ Home Phone (____) _____

Work Address _____ Work Phone(____) _____

_____ Fax (____) _____

Iowa License Number _____ Email _____

Please describe in detail the reasons for and nature of this self-report. If the board has referred you to the program, describe your condition that was the basis for your referral and current status with regard to that condition. (Use additional sheets if necessary.)

Have you undergone an evaluation for this condition? If so, where and when?

Have you received any treatment for this condition? _____

Who was your treating physician/therapist?

Name _____ Phone (____) _____

Address _____

Where did this treatment take place?

Facility _____ Phone (____) _____

Address _____

How long did this treatment last or how long do you anticipate it will last (provide specific starting and ending dates if possible, otherwise general starting and ending dates)?

Board rules specify that the following circumstances may make licensees ineligible to participate in the Impaired Practitioner Program: (Please answer each question and provide additional information below.)

Yes No

___ ___ **Have you participated in unlawful diversion or distribution of controlled substances for personal gain or profit?**

___ ___ **Have you caused harm or injury to a client as a result of this condition?**

___ ___ **Is an investigation currently in progress by a Professional Licensure Board?**

___ ___ **At the time of self-report, the licensee must not already be under board order for an impairment or any other violation of the laws and rules governing the practice of the profession. Are you currently under a board order?**

___ ___ **Have you had any past civil administrative or criminal sanctions for actions which are violations of laws, administrative rules, or professional ethics of this or another state?**

Please explain any "yes" answers:

If you fail to provide truthful information or fully cooperate with the committee, you may be ineligible to participate in the Impaired Practitioner Program. In the event that you refuse to agree to or comply with the restrictions established in your contract, the committee may refer you to your board for appropriate action.

All licensee information in possession of the Impaired Practitioner Review Committee (IPRC) is confidential. The impaired practitioner review committee may communicate information about a licensee in the program to the licensee's board in the event the participant does not comply with the terms of the contract.

Do you give the IPRC permission to inquire about the material facts you have provided in this self-report?

Yes _____ No _____

Licensee Signature

Date

Please return this form to:

**Impaired Practitioner Review Committee
Bureau of Professional Licensure
Lucas State Office Bldg. – 5th Floor
321 E. 12th Street
Des Moines, Iowa 50319-0075**