

SELF ASSESSMENT REPORT

Case #: _____ (see front page of your Order)

Name of Probationer: _____

Profession: _____

Date ___/___/___

Report Due: by the first day of each month and at the frequency as directed by the board/committee. (typically monthly for the first 6 months and quarterly thereafter).

Submit to: Spectrum (upload) or;

Fax: 801-530-6404 (attn: compliance)

Please answer all applicable questions

1. Have you had a relapse? Yes No N/A
2. If so, have you reported this relapse to your compliance specialist? Yes No N/A
3. Are you taking any medications that are not lawfully prescribed to you? Yes No
4. List all medications you are currently taking:

5. Has your prescribing practitioner acknowledged your DOPL Order? Yes No N/A
6. Have you participated in required therapy? Yes No N/A
7. Are you currently employed? Yes No
8. Has your employment changed since your last meeting with the board? Yes No
9. Has your employer/supervisor signed the MOU acknowledging your Order? Yes No N/A
10. Since your last report have you had any criminal charges or convictions? Yes No
11. Have you completed required continuing education? Yes No N/A
12. Have you reviewed your contract/Stipulation/MOU in the last month? Yes No

Please Note: DOPL staff are not authorized to respond to you regarding mental, emotional or physical issues. Please contact your provider if you are in need of assistance.

Print Name: _____ Signature: _____