

Wisconsin Department of Safety and Professional Services

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Website: http://dsps.wi.gov

PROFESSIONAL ASSISTANCE PROCEDURE

SELF REPORT

Complete this form and submit it to PAP, at the address listed above.
It is recommended you keep a copy of each completed form for your files.

Name: _____ Due Date: _____
Last First Middle Month / Day / Year

Address: _____
Street City State Zip Code

Home Phone: (____) _____ Work Phone: (____) _____

Is this a new address or phone number? _____ Yes _____ No

TREATMENT

Current Therapist: _____
Last First Middle

Number of sessions required by your agreement: _____ per _____

Are you in compliance with this requirement? _____ Yes _____ No

Dates of sessions attended and an explanation for missed sessions: _____

Has there been a change in your treatment program in the last quarter? _____ Yes _____ No

Have you and/or your Treater notified the PAP Coordinator of this change? _____ Yes _____ No

Describe your relapse prevention plan. _____

Discuss issues you are working on in treatment. _____

WORK SUPERVISION

Current Employer: _____

Is this new employment? _____ Yes _____ No

If so, have you notified PAP? _____ Yes _____ No

Does your Agreement for Participation include practice restrictions or limitations? _____ Yes _____ No

If so, are you in compliance with these restrictions or limitations? _____ Yes _____ No

Describe how work is going. _____

Describe any problems/concerns in the workplace. _____

12-STEP ATTENDANCE (attach your attendance log)

How many 12-step groups are you required to attend? _____ per _____

How many have you attended during the last quarter? _____

Explanation for any missed meetings this quarter: _____

Who is your sponsor? _____

Last

First

Middle

How often are you in contact with your sponsor? _____

What step are you working on? _____

What have you learned about your recovery during this quarter? _____

What service activities were you involved in this quarter? _____

What leisure activities have you participated in this quarter? _____

12-STEP ATTENDANCE LOG

Name: _____

Dates: _____

Date	Location	Topic	Speaker/Chair Verification