MEDICAL PROVIDER REPORT

The nurse who is submitting this letter to you is a participant in the Board’s Alternative to Discipline Program (ATD). The ATD Program is a voluntary, confidential, and non-disciplinary Board monitoring program that incorporates evaluator treatment recommendations based on individual diagnoses or treatment needs for nurses whose practice may be impacted by substance use disorders, substance use disorders co-occurring with mental health disorders, nurses impacted by mental health or medical conditions, or nurses “at risk” for any of these conditions. Participants are required to cause their medical provider to immediately notify ATD staff (contact information above) whenever controlled medications are needed. We request that you thoughtfully consider all prescriptions you write for this nurse:

As a baseline, please send a brief letter or note as soon as possible to the ATD program staff stating:
- You are aware the nurse is in the ATD Program and all medications the nurse is authorized to take, including prescribed and over the counter medications that are expected to be needed.

When prescribing any medication in the future, please send the following documentation on your facility’s letterhead:
- The diagnosis, time period medication has been prescribed for, and amount prescribed.
- A statement that you are aware the nurse is in the ATD Program.

The success of this program is dependent upon all those actively involved with the participant being aware of the treatment and/or recovery process. Medical providers play an integral part in this process. If you have concerns regarding this client, or have any questions regarding the ATD program, please do not hesitate to call the ATD Program at the number above.