



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
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**SUBSTANCE ADDICTION RECOVERY PROGRAM (SARP)**

**INTERNATIONAL TRAVEL REQUEST FORM**

Participant's Name (print): \_\_\_\_\_

SARP Admission Date: \_\_\_\_\_

International Travel Requested (official documentation substantiating destination, dates, and duration must be attached to this form; requests will not be processed without this documentation):

Destination:
Travel Dates:
Reason for Travel:

I attest that all of the information completed above is true and accurate. I agree that my international travel, if approved, is contingent upon my submitting to a urine, blood, and hair follicle toxicology test upon my return. I understand that this request may have to be approved by the Substance Addiction Recovery Evaluation Committee (SAREC) and the Board of Nursing.

I understand that this request is not approved until I receive written notification from SARP. I understand that all of the CASP requirements will resume immediately upon return from my travel, including calling in and testing when selected.

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*This form and attached documents may be mailed to the address in the letter head or faxed to (617)887-8786.*