SUBSTANCE ADDICTION RECOVERY PROGRAM (SARP)
MEDICAL WAIVER APPLICATION FORM

Please complete the following information when applying for a waiver) due to an illness/disability which will impede your compliance with your Consent Agreement for SARP Participation (CASP). Medical waivers, if approved, shall not exceed thirty (30) days. By signing this Application, you are agreeing, that if approved (a) your CASP will be extended for the duration of the waiver period, and (b) you will not engage in nursing practice for the duration of the waiver period. A waiver is not in effect until you receive written notice by the SARP staff.

Participant Name (please print)  License Number

Date of this request

Please provide a brief description of the illness/disability for which a waiver is being requested:


What is the expected waiver request length in days?

Required Attachments: initial next to each required document indicating that the information is attached to this Application:

Letter of medical necessity from the treating provider that includes:

- Diagnosis of illness/disability,
- Treatment plan including all medications being considered or prescribed,
- Expected length of illness/disability
- Prognosis, and
- Activities which are permitted, or limited, if applicable

Signed Release of Information (ROI) forms for each provider, which authorizes SARP staff to obtain all pertinent medical/mental health records and allows treatment providers the ability to provide the SARP staff with all information it deems appropriate and necessary to this waiver request.

Participant Signature  Date Signed

Form Revised July 5, 2022