



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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Substance Addiction Recovery Program (SARP)  
Quarterly Monitoring Documentation Checklist

Participant (please print): \_\_\_\_\_ Date: \_\_\_\_\_

License Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please turn in this checklist along with your monitoring documentation each quarter. Check the below the documents that you are turning in and give a brief explanation if a document is incomplete or missing:

		Select method of submission for each report type
<input type="checkbox"/>	<b>Self-Assessment and Attestation Report</b> Explanation as needed:	<input type="checkbox"/> Submitted fax or mail <input type="checkbox"/> Submitted virtually via Affinity
<input type="checkbox"/>	<b>Group attendance records</b> Explanation as needed:	<input type="checkbox"/> Submitted fax or mail <input type="checkbox"/> Submitted virtually via Affinity
<input type="checkbox"/>	<b>CASP Amendment Request</b> Briefly, please indicate what you are requesting:	<input type="checkbox"/> NA <input type="checkbox"/> Submitted fax or mail <input type="checkbox"/> Submitted virtually via Affinity
<input type="checkbox"/>	<b>Individual Therapist Report</b> <b>**Form shall be submitted directly by the therapist</b> <input type="checkbox"/> Not applicable Date approved by SARP to cease therapy: _____ Explanation as needed:	<input type="checkbox"/> Submitted fax or mail <input type="checkbox"/> Submitted virtually via Affinity
<input type="checkbox"/>	<b>Employment: Supervising Nurse Report</b> <b>**Form shall be submitted directly by the supervisor(s)</b> Explanation as needed:	<input type="checkbox"/> NA <input type="checkbox"/> Submitted fax or mail <input type="checkbox"/> Submitted virtually via Affinity
<input type="checkbox"/>	<b>Provider report for Medication(s) Used to Treat Opiate Use Disorder (Suboxone/Methadone)</b> <input type="checkbox"/> Provider completed the SARP report form <input type="checkbox"/> Providers complete the SARP report form and supplied lab results.	<input type="checkbox"/> NA <input type="checkbox"/> Submitted fax or mail <input type="checkbox"/> Submitted virtually via Affinity