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RETURN TO WORK CHECKLIST

Instructions: The peer facilitator is asked to fill the return to work checklist out online in the AOS system. Any NO response or Unknown response requires a comment at the end of the form. The participant must alert the case manager when this is completed. This is for reference only; the checklist must be completed online.

The decision to return to work in the healthcare field will be made by the RAMP Director with input from the Case Manager, the Peer Leader and the Participant's Therapist if applicable. This must be completed prior to returning to work.

1. _____ All treatment and 90/90 12 Step meetings completed successfully (if appropriate).
2. _____ Attends Peer Group weekly and actively participates in a positive manner
3. _____ Demonstrates Recovery minded thinking as a group member and individually
4. _____ Able to accept restrictions on practice as instructed by RAMP
5. _____ Has a plan for self-care and stress reduction
6. _____ Understands that all meeting requirements must be met even though working
7. _____ Able to identify own concerns about return to work
8. _____ Makes positive choices for child/elder care as needed
9. _____ Plans effectively for travel to work and drug screening as well as 12 Step and Peer Meetings
10. _____ Discussed "worst case scenario" issues with group and has plan (this may include work problems and relapse)

Comments/Recommendations: _____

This checklist is designed to promote discussion to help determine the readiness to return to work for RAMP participants. Participants must demonstrate clear, Recovery minded thinking and have the concept of disease management as a daily aspect of their lives.

Peer Leader Signature

Date

Participant Signature

Date

Updated July 11, 2011

FOR REFERENCE ONLY - PEER FACILITATORS COMPLETE ONLINE