

Judy Schmidt, MSN, DHA(c) RN, CCRN  
Chief Executive Officer

Terri Ivory-Brown, MSN, RN  
RAMP Director

Participant's Name: \_\_\_\_\_ Participant's #: \_\_\_\_\_

### **GO TO WORK CHECKLIST – FIRST JOB**

#### **FOR RN/LPN APPLICANTS ONLY**

The decision to go to work in the healthcare field will be made by the RAMP team. This must be completed prior going to work.

This checklist is designed to promote discussion to help determine the readiness to go to work for RAMP participants. Participants must demonstrate clear, recovery minded thinking.

1. \_\_\_\_\_ All treatment and 90/90 12 Step meetings completed successfully (if applicable)
2. \_\_\_\_\_ Attends Peer Group weekly and actively participates in a positive manner
3. \_\_\_\_\_ Identified strengths, abilities and work values as a group member and as an individual
4. \_\_\_\_\_ Able to accept restrictions on practice as instructed by RAMP
5. \_\_\_\_\_ Has a support system and a plan in plan for self-care and stress reduction
6. \_\_\_\_\_ Understands that all meeting requirements must be met even though working
7. \_\_\_\_\_ Able to identify challenges/concerns about going to work
8. \_\_\_\_\_ Has a plan 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)
11. \_\_\_\_\_ Able to accept constructive criticism by the RAMP participant and RAMP team

Comments/Recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Peer Facilitator's Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Participant's Signature

\_\_\_\_\_

Date