

PROBATION SELF-ASSESSMENT REPORT
Non-Drug Related

Report Due: *Monthly for the first 6 months of full compliance and then quarterly thereafter.*

Case #: _____

Name of Probationer: _____

Profession: _____

Report Date ____/____/____

DOPL
ATTN: COMPLIANCE UNIT
PO BOX 146741
SALT LAKE CITY UT 84114-6741

1. Employment:
 - a. Are you employed? No Yes If Yes, where? _____
 - b. Have you changed or gained additional employment since your last report/meeting? Yes No
If Yes, explain:
 - c. Is/are your employer(s) aware of your Order and have they submitted acknowledgement of the Order in writing to DOPL? Yes No
 - d. Explain your job responsibilities and the type and frequency of supervision you are receiving while working?

2. Have you complied with ALL the terms and conditions of your probation?
 No Yes If No, explain:

3. Have you obeyed all federal, state and local laws and statutes/regulations governing your profession?
 Yes No

4. Have you engaged in the behavior or any similar behavior to that which brought you before the board? No Yes
If Yes, explain:

5. Since your last report, have you had any criminal charges or convictions? No Yes If Yes, explain?

6. Continuing Education, if required:
 - a. How many continuing education hours are required? _____hrs
 - b. How many have you completed? _____hrs
 - c. When did you start to complete those hours? ____/____/____
 - d. What topics are you studying?

7. What are your current stressors and what coping skills have you applied to deal with the stress?

8. What have you learned during this probationary period?

9. If required, are you participating in any therapy? No Yes
 - a. If Yes, are your reports current? No Yes
 - b. If Yes, what have you learned?

10. Any comments you would like to share?

Printed Name: _____ Signature: _____