

## **AGREEMENT TO REFRAIN FROM PRACTICE Delaware Professionals' Health Monitoring Program**

This is to certify that I, \_\_\_\_\_, agree not to engage in the practice of my profession or to engage in any activity which could reasonably be perceived as practicing in any form until I am released to do so by the Delaware Professionals' Health Monitoring Program (DPHMP). If I am licensed as a healthcare provider, I agree that I will not enter any medical office or healthcare facility except to address my own personal health care needs, nor will I provide any health-related service, opinion, documentation, or intervention. This includes but is not limited to assessment and diagnosis, prescribing medications, recommending treatments or referrals, reviewing or documenting in recent or past medical records. If I am a licensed professional other than healthcare, I agree I will in no way practice my profession.

I agree to arrange for referral of my patients/clients to other providers while under this agreement, if applicable.

I agree to notify and coordinate with DPHMP if I enter residential treatment or if I take any leave from residential treatment while under this agreement.

I agree to refrain from applying for any professional appointments, credentials, privileges, or licenses while under this agreement.

If I am monitored or licensed in any other states, I am aware that I must notify those states of the circumstances of this agreement. I agree to provide documentation of inactivation of licensure for any other state or country to which I travel while under this agreement unless I am currently under that state's monitoring program.

I understand that if I violate this agreement, DPHMP will be required to notify the Division of Professional Regulation and I may be terminated from participation in DPHMP.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date