



Tennessee Professional Assistance Program
 545 Mainstream Drive, Suite 414
 Nashville, TN 37228

www.tnpap.org
 Phone: 615-726-4001
 Fax: 615-726-4003

Support Group Request

Select one		<input type="checkbox"/> Facilitator	<input type="checkbox"/> Co-Facilitator
Name			Telephone
Home Address		City	State Zip
Home Phone + area code		Work Phone + area code	
Mobile Phone + area code		Published Phone + area code *	
Email address			*Phone number is published on the TnPAP website.
Profession	TN License #	Issue date	
Has your TN license ever been disciplined? If yes, explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Degree	Certified Chemical Dependence and/or Alcohol Counselor/Therapist	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime? If yes, explain.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employer			
Employment Address		City	State Zip

Do you have experience facilitating a support group? If yes, explain.			<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you in recovery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, indicate number of years in recovery	
Former TnPAP participation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, completion date	
Describe your chemical dependency experience.				
If you are requesting co-facilitator status, provide name of facilitator and include letter of support.				

Answer the following questions as they will relate to your group

Group Name		Telephone		
Address (where will the meeting be held)		City	State	Zip
Specific meeting day			Meeting time	
Participation fee	Weekly	\$	Monthly \$	
Group focus				
Special group guidelines (regarding attendance, payment, participation, etc.)				

Attach a copy of any agreement, rules, etc. given to participants

Explain your beliefs/philosophy regarding addiction and recovery.

If approved

- I agree to maintain confidentiality applicable to the Federal Alcohol and Drug Regulations (42 CFT, Part 2) and TCA §10-7-504(a) and (h) and ?63-1-136(d) and the Health Insurance Portability and Accountability Act and maintain all records in a secure location.
- I agree to provide a weekly support group to individuals enrolled in TnPAP according to the guideless set forth by TnPAP.
- I agree to notify TnPAP when a participant misses two consecutive group meetings or if any pattern of inconsistent attendance occurs.
- I agree to report to TnPAP, within 24 hours of obtaining the information, all relapses and/or life-threatening situations revealed by a participant
- I agree to adhere to the professional boundaries of my profession.
- I understand that the group is open for TnPAP active participants only.
- I understand that the group is support and not therapy.
- I understand that the meetings are not to be conducted in a private residence or restaurant.
- I agree to time provided TnPAP with a quarterly report for each group participant.
- I certify that all the information provided herein is true and accurate.
- I agree to have each participant complete a TnPAP Exchange of Information Authorization (aka Release of Information)
- I agree to participate when requested to do so in training sponsored by TnPAP.

Signature		Date	
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Name _____

Title/Relationship to TnPAP

Facilitator

Co-Facilitator

I hereby agree to maintain strict confidentiality for all Tennessee Professional Assistance Program (TnPAP) participants. I will not confirm nor deny the participation of any client, potential client, or former client in the Tennessee Professional Assistance Program. I will not disclose confidential information without written and signed consent from the participant. I will release only that information for which I have a signed release, and the release information only to those parties to which the signed release specifies.

I agree to comply at all times with applicable Federal Alcohol and Drug regulations (42 CFR, Part 2) and Tennessee regulations (TCA 10-7-504(a) and (h) and 63-1-136(d), and to follow the Policies and Procedures of the Tennessee Professional Assistance Program governing Confidentiality and Release of Information.

By signing below, I am acknowledging my awareness of the requirements of the Health Insurance Portability and Accountability Act (HIPAA).

I understand that the confidentiality and anonymity of participants goes beyond my role as a TnPAP support group facilitator or co-facilitator and continues at all future times even after I am no longer affiliated with TnPAP.

Signature _____

Date: _____



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TnPAP recognizes that a vital link in the recovery process is a strong on-going support system. One of the methods that can be employed to meet this need for recovering healthcare professionals is facilitated support groups.

The purpose of facilitated support groups in the TnPAP monitoring process is to:

- Share experiences; provide strength, hope and support in addressing issues related to the process of recovery from chemical or mental health impairment.
- Provide support regarding professional issues, including re-entry into the workplace.

Support group facilitators and co-facilitators must:

- Believe in the chemical impairment concept, the total abstinence model of recovery and the 12-step program model.
- Maintain participant confidentiality except when the participant is a threat to self or others or has a written consent for release of information.
- Contact TnPAP immediately if a crisis situation occurs, an intervention is required or a relapse is suspected.
- Prepare a report quarterly for each participant attending his/her group(s) and submit to TnPAP.

The role of the support group facilitator is to:

- Facilitate the group meeting.
- Keep the group focused on the day-to-day professional issues and the recovery process which supports a healthcare professional's return to his/her profession in a manner which protects the health and safety of the public.
- Apply the principles of interpersonal interaction group process while giving priority to recovery.
- Be supportive of the Tennessee Professional Assistance Program.

The role of the support group co-facilitator is to:

- Assist the primary facilitator with group facilitation.
- Act as a facilitator in the absence of the primary facilitator. *The co-facilitator may not conduct meetings without supervision of a facilitator, unless there is an emergency situation or for a brief period, e.g., while the facilitator is on vacation.*

Limitations of the facilitator:

- While a facilitator may be a licensed counselor/therapist in his/her role as a TnPAP facilitator the function is one of support not therapy.
- In the course of facilitating a group if the facilitator feels that an issue needs to be addressed regarding additional therapy or relapse (s)he is to contact the individual's case manager immediately. Facilitators are not to refer participants for therapy and/or treatment. This is the role of the TnPAP case manager.
 - Each support group is limited to 12 members. A facilitator may have multiple groups. However, no more than 12 individuals may be present at any meeting.

- TnPAP must be notified of all administrative changes (meeting day, time, location, vacation schedule, group cancellation).
- Support group may not be conducted in a home or restaurant environment.
- A facilitator may not facilitate a group that (s)he was a participant.
- Support group facilitators and co-facilitators shall not recruit participants from their TnPAP support group into their private practice for the purpose of providing therapy.
Support group facilitators affiliated with any treatment facility shall not recruit participants from the facility into their TnPAP support group

I acknowledge that I have read, understand, and agree to adhere to the above stated role delineation.

Signature _____ Date: _____