

ARKANSAS NURSES ALTERNATIVE TO DISCIPLINE PROGRAM (ArNAP)

PARTICIPANT HANDBOOK



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Legal Disclaimer

This guide is for informational purposes only. Refer to your ArNAP Program Contract or contact ArNAP staff if you have specific questions regarding program requirements. ArNAP staff does NOT provide medical or legal advice.

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Section I. Introduction



MESSAGE TO PARTICIPANTS

Welcome to the Arkansas Nurses Alternative to Discipline Program (ArNAP)! ArNAP is an abstinence-based, non-disciplinary monitoring program, which was legislatively created in 2017 (See Ark. Code Ann. 17-87-801 et seq.) to help licensed nurses and applicants for licensure, who have a drug or alcohol abuse problem, or addiction. Even though the program is voluntary, you are expected to comply with all aspects of your agreement and contract. Failure to comply with your specific requirements will result in a referral to the Arkansas State Board of Nursing (ASBN or Board). Most disciplinary actions taken by the Board are permanently reflected on your license and may affect your future abilities to obtain employment. Ark. Code Ann. 17-87-802 (1) now allows individuals licensed or certified by the Board to participate.

All ArNAP participant records shall be confidential and shall not be subject to public inspection except under an order of a court of competent jurisdiction. However, the records may be introduced as evidence in any relevant proceedings before the board and shall be produced upon board request. The records regarding a participant in the alternative to discipline program shall be available to the board, the staff of the board, an employer, a treating healthcare provider, education programs, and other states' nursing boards. (See Ark. Code Ann. 17-87-801 et seq.)

**KEEP YOUR ArNAP MATERIAL IN
A PLACE WHERE IT IS EASILY
ACCESSIBLE. READ THROUGH
THE MATERIAL THOROUGHLY. IF
YOU HAVE QUESTIONS, DO NOT
HESITATE TO ASK!**

This handbook was developed to help you understand the various program components and assist you throughout your recovery process. It is your responsibility to ask questions when you don't understand a requirement. Take note of the various tips throughout this handbook. The tips are here to help you.

We look forward to supporting you in all aspects of your recovery and your return to safe practice!

Best Wishes,

Kim Hooks, MPH, BSN, RN, Assistant Director ArNAP



ARKANSAS STATE BOARD OF NURSING MISSION STATEMENT

The mission of the Arkansas State Board of Nursing is to protect the public as their advocate by effectively regulating the practice of nursing.

ArNAP MISSION STATEMENT

The mission of the Arkansas Nurses Alternative to Discipline Program (ArNAP) is to protect the public by providing education, consultation, referral, monitoring, and support for chemically dependent and recovering individuals licensed or certified by the Arkansas Board of Nursing.

OBJECTIVES

To support the mission of the Arkansas State Board of Nursing and ArNAP, the objectives are:

1. To identify, support, and closely monitor individuals who are unsafe or potentially unsafe to practice due to chemical impairment.
2. To facilitate rapid intervention thereby decreasing the time between the individual's acknowledgement of the problem and entry into a recovery process.
3. To provide an opportunity for individuals to be rehabilitated in a therapeutic, non-punitive, and non-public process.
4. To develop a statewide resource network for referral of individuals to appropriate services.
5. To provide outreach and education to healthcare facilities, professional nursing organizations, and nursing programs throughout the State of Arkansas.

PARTICIPANT RIGHTS AND RESPONSIBILITIES

Participant Rights

As a participant in ArNAP, you have the right to:

- Be treated with dignity and respect.
- Have your privacy maintained in accordance with state and federal guidelines.
- Have timely communication with ArNAP staff.
- Be informed of the length of anticipated ArNAP participation and an expected completion date.
- Refuse participation at any time and to be informed of the consequences of that decision.
- Be informed of the costs involved with participation in ArNAP; and
- Know the name and contact information for ArNAP staff.

Responsibilities of the Participant

As a participant in ArNAP, you are responsible to:

- Comply with all the terms of your ArNAP contract.
- Maintain open, honest, and timely communication with ArNAP staff, peer facilitator(s), treatment provider(s), therapist(s), and employer.
- Submit all required and requested documentation in compliance with your ArNAP contract, including any necessary authorizations to release your evaluation and treatment records directly to ArNAP staff.
- Actively participate in ArNAP.
- Complete all requirements of your ArNAP contract.
- Maintain compliance with daily check-ins and testing when selected.
- Ensure that ArNAP staff always has your current contact information.
- Absorb all costs incurred as an ArNAP participant (e.g. lab fees, evaluation and treatment fees, etc.); and
- Attend required meeting(s).

As you read through this handbook, use a highlighter to mark important items such as due dates, reports that are required to be submitted to ArNAP staff, and other specific requirements. If you don't understand a requirement, ask an ArNAP staff member!

OFFICE INFORMATION

The ArNAP office is located at 1123 S. University, Little Rock, AR 72204. If you have an appointment with ArNAP staff, you will report to the 8th floor (Arkansas State Board of Nursing suite), and an ArNAP staff member will meet you there.

The ArNAP office is staffed Monday through Friday from 8:00 a.m. – 4:30 p.m. and is closed on state holidays. You may check the Arkansas Secretary of State's website for current holiday dates: <https://www.sos.arkansas.gov/about-the-office/media-center/news/state-holiday-calendar>

COMMUNICATION

It is important that you always communicate and cooperate with ARNAP staff. **Keep your information current!** We are here to assist you through the program. If you do not understand a term or condition of your Contract, it is your responsibility to ask.

It is important to provide truthful, accurate information when communicating with ArNAP staff, including but not limited to, evaluators, treatment providers, therapists, employer(s), the monitoring company, and any other individual(s) that are involved in supporting your recovery.

All communication regarding your ArNAP participation shall be with YOU directly. Do not ask a friend, spouse, significant other, lawyer, parent, or any other individual to contact ArNAP staff on your behalf to ask questions or gain information.

The Assistant Director of ArNAP is Kim Hooks, MPH, BSN, RN. She may be reached at 501.683.0016 during business hours. You may send her correspondence through the Affinity eHealth message center.

Section II. Components of ArNAP



INFORMATION ABOUT SUBSTANCE USE DISORDER

The *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5), **no longer uses the terms substance abuse and substance dependence**, rather it refers to substance use disorders, which are defined as mild, moderate, or severe to indicate the level of severity, which is determined by the number of diagnostic criteria met by an individual. Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home. According to the DSM-5, a diagnosis of substance use disorder is based on evidence of impaired control, social impairment, risky use, and pharmacological criteria.

ENROLLMENT IN ArNAP

All participants who are enrolled in ArNAP have met the following criteria:

- Hold an Arkansas nursing license, certificate, or be eligible for licensure or certification.
- Otherwise, be eligible for continued licensure or certification under the Arkansas *Nurse Practice Act*.
- Acknowledge a drug or alcohol abuse problem or addiction in writing; and
- Voluntarily request participation in ArNAP.

LICENSURE/CERTIFICATION

Upon enrollment, and signing the ArNAP Agreement, your Arkansas nursing license or certificate will be placed on inactive status. You will not be allowed to practice (in any jurisdiction) until you have met certain criteria and ArNAP staff reviews and approves your employment.

ArNAP AGREEMENT AND CONTRACT

You will be asked to provide a lot of information and complete many forms and documents upon enrollment into ArNAP. Please read each of these forms and documents very carefully. Ask questions if you do not understand. ArNAP staff are here to assist you and support you throughout this process.

The first document of major importance that you will be given to sign is your **ArNAP Agreement**. This document is your 'ticket' into the program. It addresses the following major items:

- You admit that you have a problem with drugs, alcohol, or both.
- You admit that your actions have violated the Arkansas *Nurse Practice Act*.
- You voluntarily are requesting enrollment into ArNAP in lieu of disciplinary action.
- You agree to obtain an evaluation from a Board-approved evaluator (or seek treatment) within thirty (30) days of signing the Agreement and comply with the evaluator's recommendations.
- You agree to place your nursing licensure(s) or certification on an inactive status.

Once you have completed your evaluation, the evaluator will write a report and send it directly to ArNAP staff. The report will contain recommendations for your treatment, recovery, and whether you are safe to return to practice.

After ArNAP staff has reviewed your evaluation, you will be contacted to set up an appointment with the Assistant Director of ArNAP. At the appointment, you will be presented with a detailed **ArNAP Contract**. This Contract will outline all aspects of your terms and conditions, including your responsibilities and requirements to successfully complete the ArNAP program.

Important Items to Remember Regarding Your Meeting with ArNAP Staff

- You will need to set aside **at least two (2) hours** for your appointment with ArNAP staff, who will go over every detail of your ArNAP Contract with you. It is your time to ask questions if you do not understand.
- You may have **one** support person with you. It is important that you have a strong support person who knows what you are going through.
- Do not have your child/children with you at the appointment. It is important that you are focused and not distracted.
- Have a pen and paper to take notes.
- If your appointment is in-person, you (and your support person, if applicable) will report to the Arkansas State Board of Nursing. The Board of Nursing is located at 1123 S. University, Suite 800, Little Rock, Arkansas, 72204.
- There is no fee for parking. Once you enter the building, take the elevators to the 8th floor and follow the signs. An ArNAP staff member will meet you there.
- **Your appointment with ArNAP staff may be virtual. Please inform ArNAP staff if you do not have access to internet or a device that would allow you to meet virtually.**

EVALUATORS AND TREATMENT PROVIDERS

You are required to obtain an in-person (telehealth is acceptable) evaluation with a Board-approved evaluator within thirty (30) days of signing the ArNAP Agreement. You may choose to forgo a separate evaluation and check in to a Board-approved treatment facility. If you choose to check in to a Board-approved treatment facility, an evaluation will be provided to you at the facility.

You are responsible for all costs associated with the evaluation and treatment. It is your responsibility to talk to the provider that you have chosen to determine if payment is required at the time of your appointment, or if the provider accepts insurance.

You are responsible for signing all consents/releases with the evaluator and treatment facility (if applicable), that will allow the evaluator or provider to communicate directly with ArNAP staff regarding your condition and treatment.

IMPORTANT!

You need to bring the following items with you to your evaluation:

- Photo identification
- ArNAP Agreement
- ArNAP Letter
- Printouts from every pharmacy that you have used to fill prescriptions for the past two (2) years; and
- Certain evaluators may require a corroborative contact

A corroborative contact is an individual who knows you and the situation (i.e. a parent, spouse, etc.).

DRUG SCREEN MONITORING PROGRAM

You will be required to activate your account with the Board-approved, drug screen monitoring program (company) within **seventy-two (72) hours** of signing your ArNAP Contract. The company's site has all the information regarding all the possible locations that you may present to for a test. Testing sites are available nationwide and can be located on the company's website. ***You may not present to a testing site in which you are currently employed by.*** It is your responsibility to verify the hours of business and location of the testing site.

You will be required to call in, or check in online (app or website), **every day** to determine if you have been selected for a drug-screen. If you have been selected for a urine drug screen, you will have to submit the specimen for observed drug screening by 11:59 p.m. on the day of selection, or within the time and manner designated by the DNA authenticated drug testing laboratory. All observed specimens shall be obtained under the direct observation of the collector. Specimen collection is not limited to urine. You may be required to submit hair, blood, or oral fluids.

It is unacceptable to submit a specimen that is determined to be diluted, substituted, abnormal, adulterated, or tests positive for prohibited substances. If you fail to call in, submit a specimen when requested, or test positive for a prohibited substance without a valid prescription, you will be subject to progressive disciplinary action. Certain instances of non-compliance may result in additional terms (i.e. increase in length of contract, additional meetings, courses, etc.), or even discharge from ArNAP. Discharge from ArNAP prior to completion will result in a referral to the Board for disciplinary action. **Refer to the document “Violations of the ArNAP Contract” for examples of Level 1 and Level 2 violations.**

You are responsible for all costs and fees associated with monitoring and testing. Fees may include, but are not limited to, a monthly company fee, testing fees, and if applicable, courier fees. It is your responsibility to discuss fees and payment arrangements with the company. ***Lack of funds is not an acceptable reason for not testing when selected.*** It costs approximately \$200 - \$300 per month for drug testing.

ABSTINENCE

ArNAP is an abstinence-based program. You cannot take any mood-altering medications, controlled substances, potentially addicting drugs, illegal drugs, or abuse potential medications. You are not allowed to take anyone else's, or an animal's, medication. Any medication or drugs that you take, must be reported to ArNAP staff.

As a participant in ArNAP, you are not allowed to drink alcohol, fermented products, or utilize products that contain alcohol, such as mouthwash, cough syrup, etc. It is important to read all labels before consuming, or utilizing, products, to avoid accidental ingestion of alcohol.

There are many foods and food products that could cause you to have a positive drug screen for a prohibited substance. You are to avoid ingesting, or using, any items that contain poppy seeds, alcohol, hemp or related substances such as cannabidiol or CBD. If you have a positive drug screen after ingesting or using any of the above items, ArNAP staff will consider it a failed drug screen.

MEDICATIONS

It is important that you understand the numerous requirements related to medication use. ***You are not allowed to take any controlled substances or abuse potential substances. This includes prescribed medications and over-the-counter***

**ABSTINENCE WAIVERS MAY
BE GRANTED FOR
CONDITIONS SUCH AS
ANXIETY AND ADHD.**

products. If there is a need for the use of controlled or abuse potential medication, you must contact ArNAP staff prior to ingesting any medications, or within twenty-four (24) hours of an emergent situation. You shall be required to provide supporting documentation regarding the medication use, or emergency.

It is your responsibility to inform all healthcare providers who care for you of your participation in ArNAP. If you are prescribed **any** medication, you are required to log your medications and submit appropriate documentation through the drug screening company website or app. If you develop a medical condition that may be treated with controlled or abuse potential medications, you will need to contact ArNAP staff within twenty-four (24) hours. Extended use (> than 3 weeks) of controlled or abuse potential medications may require modification of your ArNAP Contract.

TRAVEL REQUESTS

As a participant in ArNAP, you are required to follow certain guidelines regarding travel. All travel plans are to be submitted to ArNAP staff in writing via the drug screening company's website or app **prior** to traveling. If you are requesting to travel within the continental United States, you must submit your request ***two (2) weeks prior*** to your departure date. If you are requesting to travel outside of the continental United States, you must submit your request ***no later than thirty (30) days prior*** to your departure date. ArNAP staff may require that you provide additional documentation related to your travel plans (i.e. paid receipts, itinerary, etc.).

You are required to check in with the drug screening company, even when you are traveling. It is your responsibility to carry your Chain of Custody (COC) form and/or your DNA-authenticated testing kit with you and contact the drug screening company if you are selected while traveling. The drug screening company will assist you in finding an approved site. If you are traveling to a location (i.e. outside of the continental United States), you may request a waiver from ArNAP staff. It is at their sole discretion as to whether the waiver will be granted.

MEETINGS

Once ArNAP staff has received and reviewed your evaluation or treatment report(s), you will be contacted to set up an appointment with ArNAP staff. You are required to meet with the Assistant Director within **ten (10) business days** of contact from ArNAP staff. At that time, you will receive your ArNAP Contract. This document will have all the terms and conditions of the program.

Case management meetings are conducted every three (3) months for the duration of your contract term. Meetings may be via phone, in-person, or virtually. It is your responsibility to contact ArNAP staff to set up your quarterly case management meeting.

You may be required to attend a support group such as a 12-step type program (i.e., AA or NA). Your ArNAP Contract will state how many times a week you will need to attend. There are many locations and times that you can choose from. (See <http://arkansascentraloffice.org/meetings/>.) Instead of 12-step type programs, you may opt to attend a peer support group meeting. Talk to your case manager to determine if a peer support group meeting is appropriate for you and if this option is available to you.



You are required to log all meetings in your attendance log located in the drug screening program. In addition, an ‘*Aftercare Meetings Report*’ must be completed for **each meeting** attended. Your reports are “attached” electronically to your attendance log and are submitted by the 10th of each month through the drug screening company.

If you do not already have a sponsor, you may be required to obtain one. The sponsor must be of the same gender and have a minimum of two (2) years of sobriety. You will need to report their first name and the first initial of their last name.

As an ArNAP participant, you may also be required to attend and participate in aftercare treatment such as therapy or counseling. This may be facilitated by a therapist or licensed counselor. Your treatment plan will determine the type of meeting and the frequency. It is your responsibility to submit the completed ‘*Treatment Provider Report*’ every three (3) months to ArNAP staff through the drug screening company’s website or app. Your counselor or therapist will complete the report, and you will submit it.

REPORTS

The table below outlines the reports that must be completed and submitted to ArNAP staff. If you have questions, contact ArNAP staff as soon as possible.

Report / Notification	Responsible Party	Frequency	Due Date
Evaluator Report	Evaluator	After each evaluation	As soon as possible. The evaluator will submit directly to ArNAP.
Treatment Provider Report(s) (i.e., discharge summary from rehab)	Treatment Provider	Submit after completion of treatment	As soon as possible after discharge. The treatment provider will submit directly to ArNAP.
Notification of Change(s) in Information	Participant	Submit via the AR Nurse Portal and drug screening company as often as your information changes	Within 24 hours of change
Medications (Prescribed and over-the-counter)	Participant	Current meds and every time you receive a new prescription or your dose changes	Within 10 days of the appointment; submit through the drug screening company
Treatment Provider Report	Treatment Provider completes the form	Every 3 months	Every 3 months—by the 10th of the months indicated
(Counseling/Therapy)	Participant can upload it directly via the drug screening company		
Notification of Travel	Participant	When you desire to travel, submit request through the drug screening company's website or app.	2 weeks prior to travel within the continental U.S. At least 30 days prior to travel outside of the continental U.S.
Personal Report	Participant	Monthly	By the 10 th of the month
Aftercare Meetings Report	Participant	Complete with each meeting	Submit all reports by the 10 th of the month
	You are required to log your attendance with every support group meeting. Aftercare meeting reports are attached to your attendance log.		
Attendance Log	Participant	Monthly (Attendance log runs from the beginning of the month to the end of the month)	By the 10 th of the month
Performance Evaluation Report	Employer & Participant Participants can upload the form directly via the drug screening company.	Every 3 months	By the 10 th of the months indicated

EDUCATION (COURSES)

You may be required to take some educational courses related to substance use, or professional boundaries. The costs of the courses are the sole responsibility of the participant. Your ArNAP Contract will state which classes you are required to take, and the instructions on how to access them.

REENTRY INTO PRACTICE

If you are not diagnosed with a substance use disorder, you may return to the practice of nursing after signing your ArNAP contract and approval from ArNAP staff.

EMPLOYMENT RESTRICTIONS & CONDITIONS

- Must have supervision.
- Cannot be self-employed, contract for services, or work for multiple employers.
- Cannot work more than 40 hrs/week, or more than 84 hrs/bi-weekly if working 12-hour shifts.
- Cannot work more than 12 hrs in 24 hours.
- Cannot work between 12 a.m. – 6 a.m.
- Cannot float to areas where your supervisor isn't working.
- Cannot work as a preceptor or supervise another ArNAP participant.
- Cannot work in the following settings: Emergency Room, Pre- and Post-op, Labor and Delivery, home hospice, home health, any intensive care unit, or a chemical dependency unit.

ArNAP staff may modify your employment restrictions if you have demonstrated one (1) year of successful nursing practice and have one (1) year of documented compliance with your ArNAP requirements.

If you are diagnosed with a substance use disorder, you are required to complete the following, prior to requesting to return to nursing practice:

- Ninety (90) days of treatment recommendations, if applicable.
- Ninety (90) days of 100% compliance with drug screening requirements.
- Follow-up evaluation that indicates if the participant is or is not presently able to engage in safe practice or recommend the conditions, if any, under which safe practice could occur.

CRNAs are required to abstain from the practice of anesthesia nursing for a minimum of six (6) months but may request to return to nursing practice as an RN, if the above requirements are met. Advanced Practice Registered Nurses (APRNs) may have their prescriptive authority restricted for a period.

ArNAP staff has the discretion to approve, or not approve, your request to return to nursing practice. If your request to return to nursing practice is approved, you will be issued a single-state license and be required to sign an employment agreement outlining the conditions and restrictions of your nursing practice.

Prior to returning to nursing practice, ArNAP staff is required to have a conference call (or meet) with you and your employer to discuss the restrictions and conditions of your employment and answer any questions that your employer might have related to your participation in ArNAP. Your employer will be required to fill out a *'Performance Evaluation Report'* and submit it to ArNAP staff every three (3) months. You are also required to sign the report. **It is your responsibility to ensure that you or your employer submits your report.**

**You are required to give your employer
a copy of your ArNAP contract.**

Notes: _____

Section III. Non-Compliance



NON-COMPLIANCE WITH THE ArNAP AGREEMENT

Failure to comply with the terms and conditions of your ArNAP Agreement shall result in a referral to the ASBN for disciplinary action. If you request to withdraw from ArNAP, you will be required to immediately surrender your license.

NON-COMPLIANCE WITH THE ArNAP CONTRACT

You are required to comply with the terms and conditions of your ArNAP Contract. Failure to do so shall result in progressive disciplinary action. Violations are “active” for twelve (12) rolling months. For example, a participant receives a written warning for a violation June 4, 2025. Any subsequent violation between the written warning and June 4, 2026, shall be considered “active” and progressive action shall be applied. If a subsequent violation occurs after June 4, 2026, the process resets.

Noncompliance with contract terms and conditions shall be addressed in the following manner:

- First offense = verbal warning sent via the drug screening company.
- First dilute specimen = protocol sent via the drug screening company.
- Second offense = written warning sent via the drug screening company.
- Third offense = Level 1 violation sent via the drug screening company.
- Level 1 violation is issued for failure to submit a specimen when selected, and failed screens.
- If a participant receives more than three (3) Level 1 violations occurring within a twelve (12) month period, it is a Level 2 violation.
- Level 2 violation = Discharge (termination) from ArNAP.

ArNAP staff may add additional contract requirements with instances of noncompliance, which may include but is not limited to additional testing, extending the length of participation in ArNAP, additional addiction evaluations, assessment for mental health treatment, attendance at support group meetings, and/or completion of additional courses. ***Additional testing is added for failed specimens (including diluted specimens) and missed tests.***

A **Level 2 violation** (termination from the program) shall be implemented for the following:

- Three (3) consecutive missed check-ins.
- Impairment in the workplace.
- Initiating employment in the practice of nursing prior to approval by ArNAP staff.
- Failure to register for drug screening by the stated date in the ArNAP contract.
- Refusal to drug screen at the request of an employer.
- Submission of a specimen deemed to have been substituted, abnormal, or adulterated.
- Failure to report misdemeanor or felony charges, pleas, or convictions, that occur while in the program.
- Failure to comply with other conditions of the contract; or
- Any information or event deemed by ArNAP staff to endanger the public.

If you are discharged from ArNAP, it shall result in an automatic referral to ASBN for disciplinary action. The following actions are considered “discipline” and will result in permanent discipline on your license: Letter of Reprimand, Consent Agreement (Probation), Suspension, and Revocation.

Disciplinary action is not confidential. All disciplinary action is reported to the following databanks, including: ASBN databank, NURSYS® (a state board of nursing linked national databank), Healthcare Integrity and Protection Data Bank or “HIPDB” (a federally mandated reporting database), and certain actions are also reported to the Office of the Inspector General. Disciplinary action is published on the ASBN website and in the ASBN publication, *ASBN Update*. It is important to note that action taken by the ASBN may affect your ability to practice in another state.

You are financially responsible for all costs related to participation in ArNAP. Failure to have the financial funds for drug testing, or to comply with treatment recommendations, is not an acceptable excuse for non-compliance.

Notes _____

Section IV. Program Completion



PROGRAM COMPLETION

There are certain criteria that must be met before successfully completing ArNAP, including the following:

- No Level 1 warnings within the final six (6) months of the contract.
- Evaluator or treatment provider(s) reports are favorable to the participant.
- If the participant is employed in nursing practice, ArNAP staff shall conduct a joint conference call, or in-person meeting with the participant's immediate supervisor and the participant within six (6) weeks of the projected discharge date.
- If the participant is not employed in nursing practice, the participant shall submit a safe-to-practice statement by an ASBN approved evaluator written within thirty (30) days of program completion.
- Participant shall complete and submit either a Relapse Prevention Plan or a Final Personal Report prior to discharge.
- Participant shall have a telephone conference or meet with ArNAP staff for an exit interview upon completion of ArNAP and review their Action Cleared letter with ArNAP staff.

Notes _____

Section V. Appendix



FORMS

ArNAP forms are located on the drug screening company's site and on the ASBN website, [ASBN - ArNAP - Arkansas Department of Health](#). Don't forget to refer to the table on **page 15** for events that require reports and written notification.

*It is the **participant's responsibility** to ensure that all documents are submitted in a timely manner. Failure to submit documentation as required is a violation of the ArNAP Contract.*

Notes: _____
