



Professional Assistance Program  
80 Wolf Road  
2nd Floor - Suite 204  
Albany, New York 12205-2643  
Phone: 518-474-3817, ext. 480  
Fax: 518-485-9378  
E-mail: pap@mail.nysed.gov  
Web: www.op.nysed.gov/pap.htm

## **New York State Professional Assistance Program Information on Participation**

### **Participation in the Professional Assistance Program (PAP)**

1. Complete and submit a PAP application with attached waivers.
2. Call 518-474-3817 ext. 480 for information or to schedule an admission hearing.
3. You will receive a letter notifying you of the time and place of the admission hearing.
4. Admission Hearing: You may be accompanied by anyone of your choosing. You may expect to meet three members of the Committee for Professional Assistance, as well as a State Board representative from your profession and State Education Department Staff.
5. If, as a result of the admission hearing, the panel feels you are appropriate for the PAP, you will be given the opportunity to participate. Participation requires the TEMPORARY surrender of your professional license, participation in substance abuse treatment at an agency certified by the Office of Alcohol and Substance Abuse Services (OASAS) or other PAP-approved treatment program, and abstinence/sobriety from any and all mood-altering substances. At the time of admission, participants are also required to provide the initial intake report from the treatment program as proof of treatment involvement.
6. You will then sign a statement of surrender which is dated.
7. Confidential memos are sent to the Office of Professional Discipline, the Department of Health, and the Division of Professional Licensing Services. The memo states that you have surrendered your license to PAP. No other information is provided.
8. Every three months prior to license reinstatement, participants are required to provide the PAP with an update which should include current name, mailing address, and telephone number(s). This quarterly report should also include a treatment review and treatment plan from the current treatment provider with a toxicology schedule (if applicable), and information on 12-step participation (AA, NA, frequency of attendance, sponsorship).
9. When, in conjunction with treatment support, you feel prepared to resume professional practice, it is your responsibility to petition in writing the reinstatement of your license.
10. In addition to the written petition for reinstatement, you must call to schedule a hearing for the reinstatement of your license. You may once again expect to meet with three members of the Committee for Professional Assistance, a State Board representative, and State Education Department staff. (You may, bring someone with you.)
11. Reinstatement Hearing: You are required to provide at least eight clean screens at a rate of two random observed per week for one month immediately prior to the reinstatement hearing (chain of custody protocols must be followed). The toxicology profile must include screening for the participant's "drug of choice" and must include testing for alcohol. We strongly urge immediate testing for alcohol (i.e. breathalyzer, saliva strip, BAC) in addition to the body fluid testing. The PAP also requires letters of assessment from all current treatment providers, addressing the appropriateness of the reinstatement of the license and recommendations about particular work conditions. For example: the therapist may feel that the professional in recovery should not have access to narcotics for the first year of employment, that the returning professional in recovery should only be permitted to work a day shift, or that the returning professional in recovery should have no particular restrictions to the professional practice. All this information must be in place for review prior to the reinstatement hearing date. If the panel agrees to restore the professional license, the participant's monitoring requirements- such as the frequency of urinalysis or blood alcohol reports will be reviewed. The participant can expect monitoring to continue for at least two years. All of the requirements discussed at the hearing will be provided later to the participant in writing.

12. Your designated monitor will be expected to submit a monthly progress/monitor report noting dates of random screens and any other recovery treatment issues or comments by the 7th of the following month.
13. Once the professional license is restored, you will be expected to keep the Professional Assistance Program apprised of any changes in treatment plan, aftercare treatment plan, employment, and address. The participant must also provide the PAP with a copy of any back-to-work contract once he/she resumes professional practice, and the name of the worksite monitor.
14. You may need to select another designated monitor at some point in the monitoring process if you are successfully discharged from active treatment.
15. Discharge from the program requires the completion of a minimum of two years of compliant post-reinstatement monitoring by the PAP. The participant must also provide the PAP with copies of all up-to-date toxicology reports and a letter from the current monitor in support of PAP discharge. Discharge eligibility is not automatic; eligibility is based on the participant's ability to comply with program standards and requirements.

---

## **Title VIII, Education Law, Article 130, Section 6510-b**

### **§6510-b. Temporary surrender of licenses during treatment for drug or alcohol abuse.**

1. The license and registration of a licensee who may be temporarily incapacitated for the active practice of a profession licensed pursuant to title eight of this chapter, except professionals licensed pursuant to article one hundred thirty-one or article one hundred thirty-one-b, thereof, and whose alleged incapacity is the result of a problem of drug or alcohol abuse which has not resulted in harm to a patient or client, may be voluntarily surrendered to the department, which may accept and hold such license during the period of such alleged incapacity or the department may accept the surrender of such license after agreement to conditions to be met prior to the restoration of the license. The department shall give written notification of such surrender to the licensing authorities of any other state or country in which the licensee is authorized to practice. In addition to the foregoing, the department shall also give written notification of such surrender, for professionals licensed pursuant to articles one hundred thirty-two, one hundred thirty-three, one hundred thirty-five, one hundred thirty-seven, one hundred thirty-nine and one hundred forty-one of this chapter to the commissioner of health or his designee, and where appropriate to each hospital at which the professional has privileges, is affiliated, or is employed. The licensee whose license is so surrendered shall notify all persons who request professional services that he or she has temporarily withdrawn from the practice of the profession. The department may provide similar notification of patients or clients of other interested parties, as appropriate under the circumstances of the professional practice and responsibilities of the licensee. The licensure status of such licensee shall be "inactive" and he or she shall refrain from practice in this state or in any other state or country. The voluntary surrender shall not be deemed to be an admission of disability or of professional misconduct, and shall not be used as evidence of a violation of subdivision three or four of section sixty-five hundred nine of this chapter, unless the licensee practices while the license is "inactive"; and any such practice shall constitute a violation of subdivision eight of said section. The surrender of a license under this subdivision shall not bar any disciplinary action except action based solely upon the provisions of subdivision three or four of section sixty-five hundred nine of this chapter, and only if no harm to a patient has resulted; and shall not bar any civil or criminal action or proceeding which might be brought without regard to such surrender. A surrendered license shall be restored upon a showing to the satisfaction of the department that the licensee, if it determines that because of the nature and extent of the licensee's former incapacity, such conditions are necessary to protect the health, safety, and welfare of the public. Prompt written notification of such restoration shall be given to all licensing bodies which were notified of the temporary surrender of the license.
2. There shall be appointed within the department, by the board of regents, a committee on drug and alcohol abuse, which shall advise the board of regents on matters relating to practice by professional licensees with drug or alcohol abuse problems, and which shall administer the provisions of this section. The board of regents shall determine the size, composition, and terms of office of such committee, a majority of the members of which shall be persons with expertise in problems of drug or alcohol abuse. The committee shall recommend to the board of regents such rules as are necessary to carry out the purposes of this section, including but not limited to procedures for the submission of applications for the surrender of a license and for the referral of cases for investigation or prosecution pursuant to section sixty-five hundred ten of this chapter if a licensee fails to comply with the conditions of an approved program of treatment. There shall be an executive secretary appointed by the board of regents to assist the committee. Determinations by the committee relating to licensees shall be made by panels of at least three members of the committee designated by the executive secretary, who shall also designate a member of the state board for the licensee's profession as an ex-official, non-voting member or each panel.
3. Application for the surrender of a license pursuant to this section shall be submitted to the committee, and shall identify a proposed treatment or rehabilitation program, and shall include a consent to the release of all information concerning the licensee's treatment to the committee. All information concerning an application, other than the fact of the surrender of the license and the participation in the program and the successful completion or failure of or withdrawal from the

program, shall be strictly confidential, and may not be released by the committee to any person or body without the consent of the licensee. The immunity from disciplinary action conferred by this section shall be conditioned upon the approval of the treatment or rehabilitation program by the committee and its successful completion by the applicant and the elimination of the incapacity to practice. Approval of a treatment or rehabilitation program by the committee shall not constitute a representation as the probability of success of the program or any assumption of financial responsibility for its costs.

4. The immunity from disciplinary action conferred by this section may be revoked by the committee upon a finding that the licensee has failed to successfully complete the program or that the incapacity to practice has not been eliminated. Such revocation shall be made only after notice and an opportunity to be heard, but no adjudicatory hearing shall be required. The matter shall be referred for appropriate proceedings pursuant to section sixty-five hundred ten of this chapter. The license must be returned unless charges are served pursuant to section sixty-five hundred ten within thirty days after the revocation of the approval of the special treatment afforded by this section.

5. The commissioner is authorized to adopt regulations to carry out the purposes of this section, including but not limited to the notice of temporary inactive status to be required in different professions and practice situations and the measures required upon temporary withdrawal from practice.
6. No individual who serves as a member of a committee whose purpose is to confront and refer either to treatment or to the department licensees who are thought to be suffering from alcoholism or drug abuse shall be liable for damages to any person for any action taken by such individual provided such action was taken without malice and within the scope of such individual's function as a member of such committee, and provided further that such committee has been established by and functions under the auspices of an association or society of professionals authorized to practice under this title.

---

## **Rules of the Board of Regents, Part 18 - Voluntary Surrender of License**

### **§18.1 Committee for Professional Assistance.**

The committee on drug and alcohol abuse referred to in subdivision 2 of section 6510-b of the Education Law shall be known as the Committee for Professional Assistance.

### **§18.2 Application.**

A licensee authorized to practice a profession under title VII of the Education Law, except professionals licensed pursuant to article 131 or 131-b of the Education Law, may apply to surrender the license pursuant to section 6510-b of the Education Law. The licensee shall file an application, consent to release of treatment records and such other information as the department shall require. The department may require the licensee to appear before staff or committee members in connection with the application.

### **§18.3 Acceptance.**

In consultation with the Committee for Professional Assistance, the department may accept an application for voluntary surrender of the license if the following conditions are met:

- (a) There has been no harm to the licensee's patients or clients that has resulted from a problem of drug or alcohol abuse. Any question of harm to a patient shall be investigated prior to the acceptance of the surrender of a license pursuant to Education Law, section 6510-b.
- (b) The applicant presents a proposed program of treatment that is acceptable.
- (c) The applicant accepts all monitoring requirements including a minimum of two years of monitoring by the committee or its designee.

The minimum two years of monitoring shall include the period of active treatment.

### **§18.4 Removal from program.**

In consultation with the Committee for Professional Assistance the department may remove a participant from the program and refer the matter to the Office of Professional Discipline for appropriate proceedings pursuant to section 6510 of the Education Law and the committee may revoke the immunity from disciplinary action granted to the licensee in accordance with the requirements of Education Law, section 6510-b(4) for the following reasons:

- (a) failure to meet the conditions imposed upon acceptance into the program;
- (b) evidence that patient or client harm resulted from the licensee's problem of drug or alcohol abuse; or
- (c) other evidence that the licensee should not be permitted to continue in the program.

### **§18.5 Reinstatement of license.**

In consultation with the Committee for Professional Assistance, the department may reinstate a license to practice which has been voluntarily surrendered in accordance with this Part, upon satisfactory evidence that the participant has made sufficient progress in the treatment program and in meeting such other conditions as were imposed upon acceptance into the program and is not incapacitated for active practice. The department may require the individual to appear before staff or committee members in connection with the request for reinstatement of the license. In reinstating the license, the department may impose conditions on

the licensee which are necessary to protect the health, safety, and welfare of the public. The conditions may include, but are not limited to, participation in a treatment program including such monitoring as the committee and department may require, continuing professional education, practice under supervision and limitations on the scope and nature of practice. Such conditions shall be in effect for a period of time to be specified by the department. The licensee will be registered for the period in which the license is reinstated upon receipt of all applicable registration fees.

**§18.6 Committee votes.**

Committee actions may be taken by panels comprising at least three members of the committee. A majority vote shall be required for all recommendations and decisions made by the committee or panels constituted from its membership that pertain to accepting an application for the voluntary surrender of licenses, imposing conditions on a licensee, revoking immunity from disciplinary action, removing a participant from the program or restoration of a license to practice.

**§18.7 Appeals.**

An appeal may be taken by the applicant to the Committee on the Professions from determinations of the Committee for Professional Assistance and/or the department pertaining to refusal to accept an application for the voluntary surrender of a license, the imposition of conditions on a license, the removal of the applicant from the program and the revocation of immunity from disciplinary action. The decision of the Committee on the Professions in such an appeal shall be final.



- 9 A. Have you had treatment in the past for alcohol and/or substance abuse?  Yes  No
- B. Are you currently in treatment for alcoholism and/or other substance abuse?  Yes  No

Describe the treatment program(s) you have completed, are enrolled in, or plan to enroll in, starting with the most recent:

Date	Name of Agency	Length of Stay

10 Are you involved in any Twelve Step Program (AA/NA, etc...)?  Yes  No

11 Do you have a sponsor?  Yes  No

12 Are you currently being monitored via toxicology screens?  Yes  No

If "YES", do they test for alcohol? \_\_\_\_\_

13 Are you under any psychiatric care?  Yes  No

If "YES", please explain: \_\_\_\_\_

14 Are you taking any psychotropic medications?  Yes  No

If "YES", list the medications: \_\_\_\_\_

15 Are there any current restrictions on your license in this state or in any other state or country?  Yes  No

If "YES", please explain: \_\_\_\_\_

16 Are you or have you ever been subject to any investigation or prosecution by the Office of Professional Discipline?  Yes  No

If "YES", please explain: \_\_\_\_\_

17 Have you ever been charged with or convicted of a crime (felony or misdemeanor) in any state or country?  Yes  No

If "YES", please explain, and indicate the state or country where it took place or is pending: \_\_\_\_\_

18 Describe your present professional practice, including place and address of employment, responsibility, etc...

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19 **Affidavit**

I affirm that no patient or client harm has resulted from my impairment. I hereby consent to the investigation by the Department of any question of eligibility arising from a question of patient or client harm. Under penalties of perjury, I declare and affirm that the statements made in this application, including accompanying statements and documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may lead to disciplinary charges and discharge from the Professional Assistance Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
mo. day yr.

**Please return to: The New York State Education Department, Professional Assistance Program, 80 Wolf Road, 2nd Floor - Suite 204, Albany, New York 12205-2643**



Professional Assistance Program  
80 Wolf Road  
2nd Floor - Suite 204  
Albany, New York 12205-2643  
Phone: 518-474-3817, ext. 480  
Fax: 518-485-9378  
E-mail: pap@mail.nysed.gov  
Web: www.op.nysed.gov/pap.htm

## **New York State Professional Assistance Program Participant Agreement**

1. I agree to completely abstain from all mood-altering and/or potentially addicting drugs or medications. This includes alcohol (including over the counter products containing alcohol), as well as all prescription drugs considered to be controlled substances. In the event that such medications may be needed as legitimate medical treatment, I agree to notify the Professional Assistance Program (PAP) as soon as possible, preferably before actual use.
2. I agree to abstain from food items containing poppy seeds, alcohol, and herbal supplements, which may produce a positive test result for drugs or alcohol. I understand and agree that eating poppy seeds or using a food item that produces a positive urine drug screen will not be a valid excuse and I will be considered to have used a prohibited substance.
3. I agree to make all of my treating practitioners aware of my addiction history. If at any time I am prescribed a narcotic or other mood-altering substance for either acute or chronic pain, my prescribing practitioner must be aware I am in recovery. Whenever medication is prescribed, it is my responsibility to provide the practitioner with a form supplied by the PAP for the practitioner to fill out. It is my responsibility to return the completed form to the PAP.
4. I understand that my toxicology screens must be witnessed (meaning that the observer must see urine coming from my body and going into the collection cup) and must be done randomly (meaning that there is no pattern to when I will be asked to give a urine sample, breathalyzer, or saliva strip, and I have no prior knowledge of when a screen will be collected). A blue room technique is also an acceptable collection method. I must be tested for my drug of choice.
5. I acknowledge that any positive urine drug screen is sufficient reason to be considered out of compliance with the PAP mandates and may result in a meeting with a panel of the Committee for the Professional Assistance.
6. I agree that the PAP will monitor me for a minimum of two years post reinstatement of my license. Relapse or failure to comply with program mandates may extend or restart the monitoring.
7. I understand that it is my responsibility to ensure that all my monitors (worksite, treatment, and toxicology) send in the required monthly progress reports and toxicology results to the PAP no later than the 7th day of each month for the previous month. Failure to submit these reports in a timely manner will result in an out-of-compliance status.
8. I agree to submit to a medical, addiction, psychological, and/or mental health evaluation as requested by the Committee on Professional Assistance. I agree to have these evaluations obtained from sources acceptable to the PAP and to have the resulting reports sent to my PAP case manager.

9. I agree to notify the PAP when I have completed treatment and will provide the PAP with a discharge summary from my treatment provider. I understand that I must make arrangements to continue toxicology monitoring as mandated and approved by the PAP until I am successfully discharged from the PAP.
10. I understand that if required, I must designate a worksite monitor who is approved by the PAP. I will identify my monitor within 30 days of returning to professional practice. I will provide my assigned case manager with the person's name, profession, address, and telephone number. I am responsible for ensuring that my monitors submit progress reports on my behalf on a monthly basis. When the PAP approves my worksite, treatment, or toxicology monitor, I will provide my monitor with a copy of my practice restrictions set by the Committee for Professional Assistance on my practice. I hereby give permission to my monitors to communicate with my PAP case manager on my progress.
11. I agree to contact my individual PAP case manager at a minimum of every 3 months to discuss my progress and review my compliance with my monitoring.
12. I agree to notify the PAP as soon as possible of any changes in my condition including, but not limited to, my progress in recovery, name, address, telephone number, licensure circumstances, or employment. I agree to notify the PAP at least 2 weeks in advance of any time away from my place of employment for any reason.
13. I understand that requests I make for modifications to my individual monitoring must be accompanied by supporting documentation from my treatment provider, a support group leader (ie. SPAN), and / or worksite monitor.
14. Termination from the PAP will result in revocation of the immunity initially granted to me by the Committee on Professional Assistance and may result in disciplinary action from the Office of Professional Discipline
15. I acknowledge that a key element to a successful recovery is participation in a support group with other members of my profession who are in recovery, if such groups exist (ie. SPAN, PRN)
16. I understand that discharge from the PAP is not automatic. I will need to petition the PAP case manager in writing for discharge. Successful completion of the PAP includes full compliance with all requirements for the period of time specified by the Committee on Professional Assistance.
17. I am licensed in the following state/states: \_\_\_\_\_  
and hereby authorize the PAP to notify these Licensing Boards or Alternative to Discipline Programs in those states regarding my progress.

I agree that my signature on this agreement signifies that I have read all the stipulations and I understand all the terms, conditions and responsibilities associated with it.

Signed this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return to: The New York State Education Department, Professional Assistance Program, 80 Wolf Road, 2nd Floor - Suite 204, Albany, New York 12205-2643**





**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**

Professional Assistance Program  
80 Wolf Road  
2nd Floor - Suite 204  
Albany, New York 12205-2643  
Phone: 518-474-3817, ext. 480  
Fax: 518-485-9378  
E-mail: pap@mail.nysed.gov  
Web: www.op.nysed.gov/pap.htm

## New York State Professional Assistance Program Release of Information Authorization and Waiver

Name: \_\_\_\_\_

Date of Birth: Month   Day   Year   Social Security Number:

I authorize Professional Assistance Program staff to obtain from, release to, and discuss information related to my participation in the Professional Assistance Program with the following individuals/agencies. I understand that the information to be shared may include diagnosis, prognosis, treatment for addictive illness, job performance and other professional practice issues, and Professional Assistance Program policy and monitoring procedures.

- Therapist       Treatment facility       EAP       Employer       SPAN  
 Physician       Attorney       Monitor (Treatment, Recovery, Practice)  
 Office of Professional Discipline       Other \_\_\_\_\_

Specify name, address and telephone number of people/agencies with whom information may be shared (both obtained from and released to). If additional space is needed, please use the back of this form:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*mo. day yr.*

Print name: \_\_\_\_\_

Profession(s): \_\_\_\_\_

License number(s): \_\_\_\_\_

**Please return to: The New York State Education Department, Professional Assistance Program, 80 Wolf Road, 2nd Floor - Suite 204, Albany, New York 12205-2643**



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**

Professional Assistance Program  
80 Wolf Road  
2nd Floor - Suite 204  
Albany, New York 12205-2643  
Phone: 518-474-3817, ext. 480  
Fax: 518-485-9378  
E-mail: pap@mail.nysed.gov  
Web: www.op.nysed.gov/pap.htm

## New York State Professional Assistance Program Surrender Statement

I, \_\_\_\_\_, do hereby voluntarily surrender my professional license to the Professional Assistance Program (PAP) of the New York State Education Department.

Profession(s): \_\_\_\_\_

License Number(s): \_\_\_\_\_

I agree to the following conditions:

- ◆ I will participate in a chemical dependency treatment/education program as approved by the Professional Assistance Program.
- ◆ I will not practice my licensed profession(s) until the official reinstatement of my license(s) or written approval by the PAP.\*
- ◆ I will be monitored by the PAP for a minimum of two years from the time I return to my professional practice.

\* Please include your registration certificate with your surrender statement.

I understand that I may petition the PAP to reinstate my license(s) when I am ready to resume practice.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please return to: The New York State Education Department, Professional Assistance Program, 80 Wolf Road, 2nd Floor - Suite 204, Albany, New York 12205-2643**



**THE STATE EDUCATION DEPARTMENT / THE UNIVERSITY OF THE STATE OF NEW YORK / ALBANY, NY 12234**

Professional Assistance Program  
80 Wolf Road  
2nd Floor - Suite 204  
Albany, New York 12205-2643  
Phone: 518-474-3817, ext. 480  
Fax: 518-485-9378  
E-mail: pap@mail.nysed.gov  
Web: www.op.nysed.gov/pap.htm

## New York State Professional Assistance Program PAP Application Checklist

- Completed and Signed Application
- Completed and signed Waivers with complete names, addresses and phone numbers.
- All current Registration Certificates (No copies) (Not applicable for N2N Admission.)
- Signed Surrender Statement (N2N admits must sign a surrender statement and will sign a reinstatement form at the hearing.)
- Participant Agreement (Return signed copy & keep a copy for your records.)
- A copy of your substance abuse diagnosis sent from your treatment provider (N2N applicants must include a psychosocial evaluation).
- If you are a nurse, have you contacted SPAN?
- This form

Notice: Failure to enclose needed documentation could delay your admittance into the program.

Additional comments:

---

---

---

---

---

---