



Self-Report Form

Complete the form and return to IPHP staff.

400 SW 8th Street, Suite C, Des Moines, IA 50309

Phone: 515-281-6006 Fax: 515-242-0155

www.iphp.iowa.gov

NAME:

CONTACT INFORMATION

Home Address & Phone:

Employer Name, Address & Phone:

Cell Phone #:

Email:

Which phone number do you prefer we use?

Home

Work

Cell

Other

Can we leave messages for you at your preferred phone number?

YES

NO

Can we communicate with you using the above email address?

YES

NO

SELF-REPORT DETAILS

General reason for self-report (check all that apply):

Mental Health

Substance Use

Physical Condition

Disruptive Behavior

Other

Have you undergone an evaluation for your condition?

YES

NO

N/A

If yes, list the name/location of the evaluation site.

Have you received treatment for this condition?

YES

NO

N/A

Who is/was your treatment provider(s)?

Date(s) & Location of Treatment:

Are you currently working or on a leave from your employment?

Do you supervise a physician assistant?

YES

NO

Details of the event or situation that led to the self-report:

Licensees or applicants may be ineligible to participate in the IPHP for the following reasons:

- **Has engaged in the unlawful diversion or distribution of controlled or illegal substances for personal gain or profit.**
- **Is currently under an IBM order for alcohol or drug abuse or for another issue related to impairment.**
- **Has caused harm or injury to a patient.**
- **Board is currently investigating the applicant or licensee for matters related to an impairment.**
- **Has provided inaccurate, misleading or fraudulent information or failed to cooperate with the board or IPHP.**

Do any of the above apply to you? YES NO

All information in possession of the IPHP & its personnel regarding licensees is confidential. Do you give the IPHP permission to inquire about the material facts you have provided in this self-report? YES NO

SIGNATURE:

DATE: