

Chemical Dependency Professional Continuing Treatment Evaluation Form

The license/s of the individual requesting that you complete this form is/are currently being disciplined by the State Board of Embalmers and Funeral Directors. The discipline document is public and may be obtained from the licensee or the Board office. One of the conditions of discipline is that the licensee must follow the treatment plan for chemical dependency as established by a licensed/certified chemical dependency professional. The professional shall report to the Board and provide an evaluation of the licensee's current progress and status related to the treatment recommendations/plan and the licensee's current prognosis and treatment recommendation/plan on a semi-annual basis for the duration of the discipline unless the licensee has been released from treatment.

NOTE: This form is not to be used to fulfill the requirement for the initial chemical dependency evaluation.

Name of Licensee: _____ Date of Report: _____

Were you informed of the Board's disciplinary action by the licensee? Yes No

Were you provided a complete copy of the Board's disciplinary action by the licensee? Yes No

Number of sessions attended since last report: _____

Number of sessions missed since last report: _____

Reasons given for absence: _____

Problem areas addressed: _____

Is the licensee making satisfactory progress? Yes No

Comments:

Referrals or recommendations made to licensee:

Is licensee compliant with referrals and recommendations? Yes No

Current status/progress:

Current prognosis:

Current treatment recommendations/plan:

Additional or other comments:

_____ Signature and Credential Letters of Evaluator		_____ Date
_____ Title	_____ License Number	_____ Telephone Number
_____ Agency/Institution		
_____ Mailing Address of Agency/Institution		

Please submit report to:
State Board of Embalmers and Funeral Directors
3605 Missouri Blvd, PO Box 423
Jefferson City MO 65102
Fax: (573) 751-1155