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POSITION STATEMENT

The Creighton University School of Pharmacy and Health Professions (School):

- desires to protect the public from students who have a substance use disorder.
- recognizes that substance use disorder is a disease that affects society.
- desires to assist students with a substance use disorder towards recovery.
- advocates referral of students with a substance use disorder to approved evaluation, treatment and/or other support programs.
- desires to support students in their recovery from co-dependent relationships involving individuals with a substance use disorder.
- encourages the provision of professional education concerning substance use disorder.
- supports research in substance use disorder.
- encourages School participation in public education and prevention programs concerning substance use disorder.
- encourages responsibility in the use of alcohol.
- accepts responsibility for the development and dissemination of policies which prohibits the use/misuse of substances by students enrolled in the School.

GENERAL GOALS FOR THE SUBSTANCE USE DISORDER RECOVERY PROGRAM

- 1. Provide compassionate and proactive assistance for students with a substance use disorder while holding students accountable for their behaviors.
- 2. Afford occupational therapy, pharmacy, and physical therapy students who are in recovery and not legally restricted the opportunity to continue their education without stigma or penalty.
- 3. Protect society from harm that students with a substance use disorder could cause.

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DEFINITIONS

As used in these Policies and Procedures, unless the context otherwise requires:

- 1. **Substance use disorder** A cluster of cognitive and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems. (DSM-5 TR, 2022)
- 2. **A student with a suspected or confirmed substance use disorder (student)** shall mean a student enrolled in the School of Pharmacy and Health Professions.
- 3. **Co-dependent** is the excessive emotional or psychological reliance on a partner, typically one who requires support on account of an illness or substance use.

STUDENT RECOVERY ADVOCACY ADVISORY COMMITTEE (SRAAC)

The Student Recovery Advocacy Advisory Committee (Advisory Committee), is a School Advisory Committee and shall be comprised of:

- 1. A chairperson who is a faculty member or school administrator with expertise in substance use disorder recovery.
- 2. The Senior Associate Dean will be an ex officio member of the committee.
- 3. No less than three or more than six faculty members from within the School.

The chairperson and one faculty member from the Advisory Committee will be familiar with the specifics of any given case. If an investigation of a given case is required, other Advisory Committee members may be made aware of the case specifics, on a need-to-know basis. The Advisory Committee will develop a procedure which will maintain student confidentiality.

All individuals considered for service on the Advisory Committee must have a sincere interest in helping impaired students, must be willing and able to maintain confidentiality of all information, and be willing to commit significant time to the Advisory Committee's efforts. Each individual on the Advisory Committee will be oriented to this policy. It will be the responsibility of the chair to assure the orientation of each new member.

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The Advisory Committee has the authority to:

- 1. Receive requests for assistance from students concerned that they may have a substance use disorder.
- 2. Receive reports of a suspected substance use disorder from other individuals concerned about a student enrolled in the School.
- 3. Interview the student with a suspected substance use disorder, and/or other individuals that may have pertinent information related to the case to appropriately investigate the suspected substance use disorder.
- 4. Initiate screening contract with the student to assure compliance on the part of the student and advocacy on the part of the Advisory Committee.
- 5. Initiate treatment contract with the student to assure compliance on the part of the student and advocacy on the part of the Advisory Committee.
- 6. Monitor the progress of the evaluation, treatment and recovery of the student, including the authority to request blood, urine, and hair samples for drug screening at random intervals, to receive results of these screenings, and to request and receive reports from the providers of the student concerning progress through treatment and recovery programs.
- 7. Report findings of noncompliance through the Senior Associate Dean to the Dean when deemed necessary by the Advisory Committee.
- 8. The names and contact information of all members on the Advisory Committee shall be publicized within the School.

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PROCEDURE

A "Flow Chart to Recovery" containing an overview of advocacy procedures for the student is provided (Appendix A).

Students who may be suspected of using/misusing a substance will be referred to the Advisory Committee on the basis of one or more of the following (this list is not exhaustive):

- 1. Possession of an illegal substance
- 2. Arrested, charged, or convicted for a substance-related crime
- 3. Theft of a drug product with abuse potential
- 4. Positive drug screening test.
- 5. Concern expressed by a faculty member, staff member, fellow student, preceptor, other health professional, police authority, or others regarding possible use/misuse of a substance and/or alcohol. Unexplained absences, unprofessional behavior and/or a decrease in academic performance will prompt intervention by the Senior Associate Dean to investigate suspected substance use disorder.

The identity of an individual reporting a student with an alleged substance use disorder will be treated confidentially. The individual reporting a student, however, will be informed that the information provided may be used as evidence in a disciplinary proceeding in the event that the student: (1) refuses to enter into a recommended contract for evaluation, treatment and recovery with the Advisory Committee or (2) refuses to comply with the terms of the contract. Any or all of the two scenarios will be reported to the SPAHP Dean and the University's Division of Student Life to be dealt with according to the University Student Handbook.

After a report has been made, data gathering of the specific incident or situation will occur prior to a meeting with the Advisory Committee Chair and Senior Associate Dean. Evidence of the alleged substance use disorder must be documented and a contractual meeting scheduled with the student and the Senior Associate Dean and the Advisory Committee Chair or Designee.

During the contractual meeting with the student, the student is asked to sign a contract (Appendix B) for an initial substance use disorder assessment and to release results to the Senior Associate Dean and the Advisory Committee Chair. If the student does not agree to the contract, the evidence will be submitted to the Dean.

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The Advisory Committee will give appropriate weight to the recommendations of the counselor responsible for the diagnostic evaluation in determining the treatment modality. If the initial assessment is inconclusive or the student requests a second opinion, the student will be required to sign a Secondary Assessment Agreement with the Advisory Committee (Appendix C). The healthcare provider giving the secondary assessment must be approved by the Advisory Committee.

If the professional evaluation confirms the substance use disorder, the student will then be required to sign Treatment and Recovery Agreements with the Advisory Committee to assure continued advocacy on the part of the Advisory Committee (Appendix D). If a student is eligible to participate in a recovery network such as the Nebraska Licensee Assistance Program (LAP), the student may be referred to the external recovery network. Participation in a rehabilitation program does not confer immunity from criminal prosecution; nor does it confer immunity from revocation or suspension of a license or registration.

Agreements for rehabilitation made under these policies and procedures shall be effective upon signature by the student and the representatives from the Advisory Committee. Students must be informed in writing that they will be responsible for all costs of participation in a substance use disorder evaluation, treatment and/or recovery programs.

Students will be informed that refusal to cooperate with the recommendations of the Advisory Committee will result in the termination of the Advisory Committee's advocacy on behalf of the student, and a full report of the alleged impairment will be made to the Dean of the School through the Senior Associate Dean. All records may be released to the Dean if noncompliance with terms of agreements necessitates termination of the advocacy for the student by the Advisory Committee. This Substance Use Disorder Recovery Policy is not intended to and shall not have the purpose or effect of displacing the academic performance review procedures and/or the non-academic misconduct procedures set forth in the Student Handbook.

If treatment can occur during breaks from classes, the student's academic progress may be preserved without conspicuous absence from class for a protracted period of time. If the student's substance use disorder appears to endanger self or others, referral for evaluation and/or treatment shall be completed as soon as possible. When this is necessary, the Senior Associate Dean shall coordinate a leave of absence for the student, and make necessary contacts with the Registrar, Business, and Financial Aid Offices.

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Every attempt will be made not to disclose information concerning the nature of the substance use disorder. This procedure should be done with the approval of the student. If academic progress is interrupted by treatment, re-entry into the School shall depend on compliance with terms of the agreement and the recommendation of the treatment counselor. Subject to terms of the agreement, a student may continue in the academic program while in outpatient treatment.

The Advisory Committee shall be responsible for the collection and maintenance of records in a manner which is confidential, secure and separate from other student records. Access to these records must be restricted to the school administrator responsible for maintaining these records and to those authorized by the Advisory Committee (usually only the members directly involved in the case). Records of students who have completed terms of agreements will be maintained for a period of three (3) years after they leave the School and will then be destroyed. Some data may be extracted from the record for statistical or research purposes. When this is done, no identifying information will be kept.

Nothing in these Policies and Procedures shall be construed as prohibiting the student from seeking assistance directly from Creighton University counseling services, or other assistance programs for a substance use disorder (such as the Nebraska Licensee Assistance Program). A student seeking an evaluation for a substance use disorder will authorize release of information to the Senior Associate Dean. A student undergoing treatment for a diagnosed substance use disorder will authorize release of information to the Senior Associate Dean. A student undergoing treatment for a diagnosed substance use disorder will authorize release of information to the Advisory Committee that is pertinent to his or her treatment progress.

PROCEDURAL CONSIDERATIONS

LEGAL

All Creighton employees who serve on the Advisory Committee are considered to be acting as agents of the University when they are performing their Advisory Committee duties. In light of that fact, Creighton University shall safeguard and hold the Advisory Committee members harmless from any claims, litigation or costs that may arise out of any actions the Advisory Committee takes when assisting a student with a substance use disorder, including any reports the Advisory Committee may make to appropriate authorities regarding issues addressed in this policy.

ACADEMIC

A student's academic standing at the end of the most recently completed semester before entering treatment will be preserved if the student is on a temporary withdrawal for approved substance use disorder. If the student is academically ineligible to continue in the curriculum, participation in the Advisory Committee process may not prevent administrative action for dismissal. This Policy does not abridge any procedure or any rights which the student may have arising under the procedures for academic performance review and/or the procedures for non-academic misconduct review as set forth in the Creighton University Student Handbook.

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The student will not be allowed to participate in experiential components of the educational program until permission to do so is obtained from the Advisory Committee and treatment provider. The Advisory Committee will evaluate and determine eligibility of the student to participate or continue in leadership or extra-curricular activities in the School or University.

FINANCIAL

The student is responsible for all costs of participation in a substance use disorder evaluation, treatment, and rehabilitation including substance use testing.

FINANCIAL AID

Students who enter treatment during school may not be able to complete course work while they are undergoing treatment may have difficulty meeting financial aid program criteria. When possible, the Advisory Committee will provide information and referral to support the student in resolving financial aid problems.

SUBSTANCE TESTING

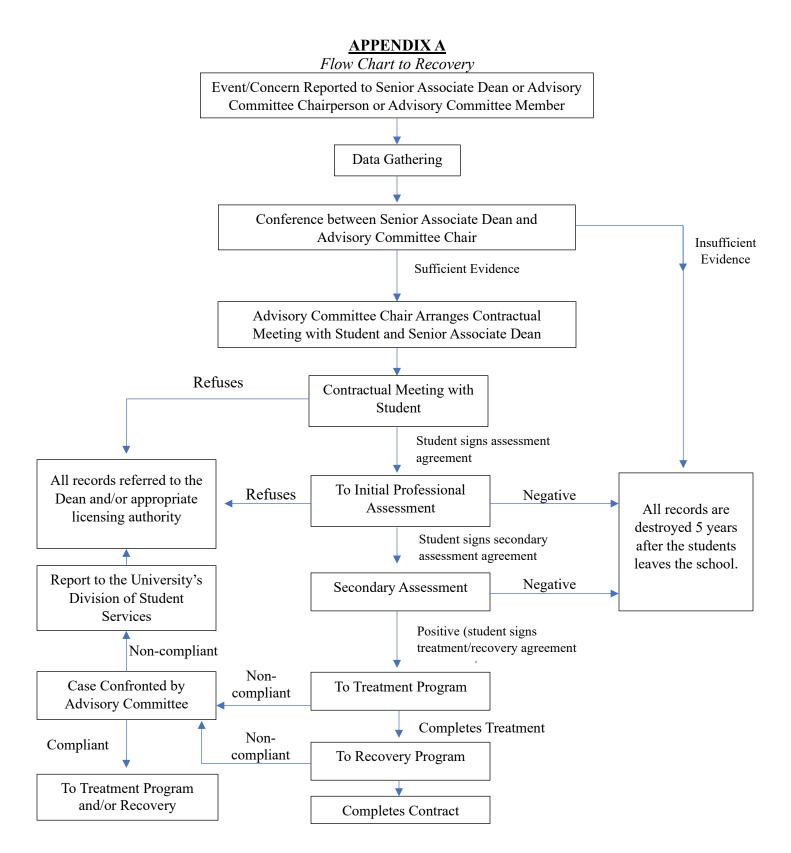
Substance testing is a routine part of any substance use recovery program (recovery program) and serves as positive proof of continuing compliance with the program. Any recovery program (or its specified treatment agency or laboratory) using random substance testing for monitoring of compliance with recovery should insist on direct observation of specimen collection, and have a carefully controlled system of specimen processing following current standards of practice before presence of prohibited substances is reported to the Advisory Committee.

NONCOMPLIANCE/RELAPSE

The Advisory Committee, working with each recovering individual, will be allowed to confront noncompliance without necessitating a report to the Dean, the respective licensing authority or employer. Return to treatment may be necessary in some cases. If the individual then fails to comply or is recurrently noncompliant, the Advisory Committee advocacy relationship is terminated and a comprehensive report is made to the Dean.

Participation in 12-step or other support programs while recovering from a substance use disorder is a lifelong process. The cornerstone to the process is ongoing participation in support program meetings. Students will be encouraged to attend such meetings.

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APPENDIX B

Confidential Initial Assessment Agreement Between

And the Creighton University School of Pharmacy and Health Professions Student Recovery Advocacy Advisory Committee (SRAAC)

This agreement specifies the terms under which the representatives of the Advisory Committee agree to provide confidential referral for you to appropriate health care providers.

The Advisory Committee has been made aware of certain specific information from reliable but confidential sources regarding observations of your behavior. These observations were reported to the Advisory Committee with the understanding that the information would be used to help rather than harm you. The Advisory Committee's primary goal is to provide confidential assistance to students needing professional help in dealing with problems which may be related to alcohol and/or drug use.

If you refuse to undergo a professional screening evaluation to determine the need, if any, for treatment and/or if you refuse to participate in treatment if this is recommended by the screening agency, the Advisory Committee is morally and ethically obligated to report the details, as we know them, of your possible dysfunction to the Dean of the School.

Terms of the Assessment Agreement:

- 1. I agree to present myself for an initial screening evaluation at Creighton's Counseling and Psychological Services or at an alternate evaluation agency approved by the Advisory Committee, as represented by the Senior Associate Dean, no later than______. (Date). I authorize reporting of the results of the evaluation and any treatment recommendations to the Senior Associate Dean and designated faculty members of the Advisory Committee. I understand that financial responsibility for the assessment is my own.
- 2. I understand that my failure to adhere to the terms of this agreement will be grounds for release of the Advisory Committee from any further advocacy role on my behalf. The matter will be referred to the administration of the School for possible disciplinary action. I understand that I may request an additional evaluation at my own expense from an agency approved by the Advisory Committee.
- 3. I agree to release and hold harmless Creighton University, the members of the Advisory Committee, the Creighton University School of Pharmacy and Health Professions and its governing body, officers, employees, agents and attorneys in any and all matters pertaining to this evaluation, screening and, if necessary, reporting process.

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I AM VOLUNTARILY SIGNING THIS ASSESSMENT AGREEMENT. MY SIGNATURE INDICATES THAT, HAVING READ THE INFORMATION PROVIDED ABOVE, I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS OF THIS AGREEMENT. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signature of Participant

Date

SIGNATURES OF TWO MEMBERS OF THE SCHOOL OF PHARMACY AND HEALTH PROFESSIONS Advisory Committee.

Name

Title

Date

Name

Title

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APPENDIX C

Confidential Secondary Assessment Agreement Between

And the Creighton University School of Pharmacy and Health Professions Student Recovery Advocacy Advisory Committee (SRAAC)

This agreement specifies the terms under which representatives of the Advisory Committee agree to provide confidential referral for you to appropriate health care providers.

The Advisory Committee has been made aware of certain specific information from reliable but confidential sources regarding observations of your behavior. These observations were reported to the Advisory Committee with the understanding that the information would be used to help rather than harm you. The Advisory Committee's primary goal is to provide confidential assistance to students needing professional help in dealing with problems which may be related to alcohol and/or substance use/misuse.

If you fail to undergo a secondary professional assessment to determine the need, if any, for treatment and/or if you refuse to participate in treatment if this is recommended by the assessor, the Advisory Committee is morally and ethically obligated to report the details, as we know them, of your possible impairment to the Dean of the School.

Terms of the Assessment Agreement:

- 1. I agree to present myself for a secondary screening evaluation at an evaluation agency approved by the Advisory Committee, as represented by the Senior Associate Dean, no later than _____(Date). I authorize reporting of the results of the evaluation and any treatment recommendations to the Senior Associate Dean, and designated faculty members of the Advisory Committee. I understand that financial responsibility for the assessment is my own.
- 2. I understand that my failure to adhere to the terms of this agreement will be grounds for release of the Advisory Committee from any further advocacy role on my behalf. The matter will be referred to the Dean of the School for possible disciplinary action.
- 3. I agree to release and hold harmless Creighton University, the members of the Advisory Committee, the Creighton University School of Pharmacy and Health Professions and its governing body, officers, employees, agents and attorneys in any and all matters pertaining to this evaluation, screening and, if necessary, reporting process.

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I AM VOLUNTARILY SIGNING THIS ASSESSMENT AGREEMENT. MY SIGNATURE INDICATES THAT, HAVING READ THE INFORMATION PROVIDED ABOVE, I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS OF THIS AGREEMENT. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Date

SIGNATURES OF TWO MEMBERS OF THE SCHOOL OF PHARMACY AND HEALTH PROFESSIONS ADVISORY COMMITTEE.

Title

Date

Name

Title

12/11/92 Amended - 9/7/93 Amended - 5/11/99 Amended - 5/2/00 Amended 09/20/2011 Approved by School faculty on 9/12/23

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APPENDIX D

Confidential Treatment and Recovery Agreements Between

And the Creighton University School of Pharmacy and Health Professions Student Recovery Advocacy Advisory Committee (SRAAC)

These Treatment and Recovery Agreements specify the terms under which the representatives of the Advisory Committee listed below agree to assume an advocacy role on your behalf with the administration of the School and, as necessary, with the appropriate professional licensure authority during your rehabilitation. Experience with health care professionals recovering from a substance use disorder has shown that the use of similar agreements helps to avoid misunderstanding of the terms and expectations of the treatment, recovery and advocacy process.

- 1. I hereby authorize my treatment and recovery counselor(s) to communicate with the Senior Associate Dean of the School concerning my progress, my entry into a recovery program, and recommendations for return to my academic studies, and/or employment. I also authorize counselor(s) assisting in my treatment and/or recovery to release to the Advisory Committee any information they may have specifically relating to issues concerning my impairment, treatment and recovery. This release is not to be used for the purpose of giving details of my personal life or my treatment, but to report the status of my treatment and recovery.
- 2. I agree to identify a single primary care licensed independent practitioner and utilize this licensed independent practitioner (or licensed independent practitioners to whom this licensed independent practitioner refers me) exclusively for all my medical care during the duration of this agreement. I further authorize this licensed independent practitioner to share with the Advisory Committee information regarding any medications prescribed for me, and other information that may be pertinent to my recovery and/or compliance with this agreement. I agree to abstain from all mind-altering substances (e.g., alcohol, sedatives, stimulants, narcotics, marijuana, soporifics, over-the-counter medications, etc.) except on prescription from my primary care licensed independent practitioner.
- 3. I agree to provide the Advisory Committee with my current address and telephone number and the names, addresses and telephone numbers of my employer, treatment center and counselor(s), and identities, locations and meeting schedules of support groups being attended. I further agree to immediately notify the Advisory Committee of any changes in this information.
- 4. I agree to comply with stipulated conditions for my return to classes, to experiential activities of the School, and employment, and with the limitations placed upon my access to substances of abuse as appended to these agreements and signed by me and an authorized member of the Advisory Committee.

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- 5. For the duration of these agreements, I agree to comply with substance use testing as required by the Advisory Committee.
- 6. I understand that I am responsible for all costs connected with my participation in the treatment and recovery program unless other specific arrangements have been made and are appended to these agreements with the signature of the participant and at least one member of the Advisory Committee. Neither the Advisory Committee nor the School are responsible for any of these expenses.
- 7. I agree to release and hold harmless Creighton University, the members of the Advisory Committee, the Creighton University School of Pharmacy and Health Professions and its governing body, officers, employees, agents and attorneys in any and all matters pertaining to my substance use disorder, treatment and recovery.
- 8. I understand that my failure to adhere to the terms of, or refusal to sign these agreements will be grounds for release of the Advisory Committee from any further advocacy role on my behalf. The matter will be referred to the Dean of the School for possible disciplinary action.
- 9. If I am non-compliant with any terms of these agreements, I understand that the Advisory Committee may, at its discretion, elect to continue its advocacy role on my behalf and give me the opportunity to return to compliance. Failure to return to compliance will result in reporting as outlined in Section 8 above. I further understand that additional terms may be appended to these agreements at a later date for such noncompliance with their terms and will be signed by me and at least one member of the Advisory Committee.
- 10. If I transfer to another school before I complete the terms of these agreements, I authorize the Advisory Committee to transfer information and authority for these contractual agreements to that school's rehabilitation program. If no such program exists, I authorize transfer of this information to that school's administration. I understand that such a program or that school's administration may not accept the terms of these agreements and may choose to alter them or impose additional conditions.
- 11. After completion of the terms of these agreements, all records of my involvement in this program will be destroyed confidentially three years after I leave Creighton University School of Pharmacy and Health Professions. Some data may be extracted from the record for statistical or research purposes. When this is done, no identifying information will be kept.

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TREATMENT AGREEMENT

- 1. I, _______, agree to adhere to the terms of this Treatment Agreement until I successfully complete the treatment requirements. I understand that I will not be permitted to graduate from the School until I complete this Treatment Agreement and sign the Recovery Agreement.
- 2. I agree to enter the recommended inpatient or outpatient treatment program [Which is: ______] not later than, and complete the program. The choice of program, which must be from a list of agencies approved by the Advisory Committee, will be made based on the recommendations of the evaluation and of my counselor, if any.
- 3. If treatment does not start immediately, I agree to participate in a maintenance program which will consist of attendance at Alcoholics Anonymous and/or Narcotics Anonymous meetings or other alcohol/drug recovery meetings as specified by the Advisory Committee. I agree to maintain a record of meetings attended which lists date and time, meeting type and group name, and location on the forms provided at the meeting. I agree to attend at least_____ meetings per week for the duration of this agreement. I further agree to submit this record to a designated member of the Advisory Committee at least every week. I understand that the Advisory Committee may alter these requirements for noncompliance with agreement terms or may change the meeting requirement as deemed appropriate to my recovery. Such changes shall be appended to this agreement and signed by me and a representative of the Advisory Committee.

I AM VOLUNTARILY SIGNING THIS TREATMENT AGREEMENT. MY SIGNATURE INDICATES THAT, HAVING READ THE INFORMATION PROVIDED ON PAGES 1-3, I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS OF THIS AGREEMENT. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signature of Participant

Date

SIGNATURES OF TWO MEMBERS OF THE SCHOOL OF PHARMACY AND HEALTH PROFESSIONS SRAN.

Name

Title

Date

Name

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RECOVERY AGREEMENT

- 1. I,______, agree to adhere to the terms of this Recovery Agreement until I successfully graduate from the Creighton University School of Pharmacy and Health Professions. If I do not complete two (2) full years of recovery (substance and alcohol free in compliance with signed agreements) prior to graduation from the School, I understand that the Advisory Committee reserves the right to report the terms and conditions of these agreements, as they exist at the time of graduation, to the appropriate professional licensing authority and/or the professional rehabilitation program available in any state where I make application to practice.
- 2. I agree to participate in a maintenance program which will consist of attendance at Alcoholics Anonymous and/or Narcotics Anonymous meetings or other alcohol/substance recovery meetings as specified by the Advisory Committee. I agree to maintain a record of meetings attended which lists date and time, meeting type and group name, and location on the forms provided at the meeting. I agree to attend at least meetings per week for the duration of this agreement. I further agree to submit this record to a designated member of the Advisory Committee at least every four (4) weeks. I understand that the Advisory Committee may alter these requirements for noncompliance with agreement terms or may change the meeting requirements as deemed appropriate to my recovery. Such changes shall be appended to this agreement and signed by me and a representative of the Advisory Committee.
- 3. I agree to attend meetings of, or individually meet with, recovering occupational therapists, pharmacists, or physical therapists and/or Counselors as specified by the Advisory Committee. This stipulation shall be documented in writing, appended as a condition of this agreement, and signed by me and a representative of the Advisory Committee.

I AM VOLUNTARILY SIGNING THIS RECOVERY AGREEMENT. MY SIGNATURE INDICATES THAT, HAVING READ THE INFORMATION PROVIDED ON PAGES 1, 2, AND 4, I UNDERSTAND AND AGREE TO COMPLY WITH THE TERMS OF THIS AGREEMENT. I ALSO ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

Signature of Participant

Date

SIGNATURES OF TWO MEMBERS OF THE SCHOOL OF PHARMACY AND HEALTH PROFESSIONS Advisory Committee.

Name

Title

Date

Name

Title

School of Pharmacy & Health Professions		(Creighton University
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Approved -12/11/92 Amended - 9/7/93 Amended - 5/11/99 Amended - 5/2/00 Amended - 09/20/11 Approved by Bylaws, Policies, and Procedures Review Committee on 8/22/23 Approved by School faculty on 9/12/23