

**SOUTH CAROLINA RECOVERING PROFESSIONAL PROGRAM
SENIOR CONTRACT**

PURPOSE is to add another facet to maintenance of long term recovery and to create a “track record” for clients in recovery to use for future advocacy when applying for positions or for credentialing.

AVAILABLE to clients who have successfully completed SCRPP contract and licensing authority final order. Also may be available to clients who have completed a monitoring program that is acceptable to SCRPP in another State or geo-political entity that is acceptable to SCRPP.

MONITORING is mainly a voluntary program, but may include clients mandated by licensing boards in some circumstances.

Contract terms shall be the same as primary contract with the following modifications:

- 1) The annual participant’s fee for clients shall be three times the monthly rate for that person and be paid either quarterly or annually in advance.
- 2) Body fluid monitoring will be 4-6 times a year and controlled by a notification from SCRPP’s random drug testing contractor. There will be no daily call-in. The cost of testing will be borne by the individual client as always. Clients will have two “chain of custody” forms in their possession at all times.
- 3) The client will be responsible for a quarterly “live talk” with the recovery specialist. The timing of such calls will be decided at the time of establishment of the Senior status.
- 4) The monitoring contract will be open-ended and may be terminated by the client with a written request to SCRPP at any time, with the understanding that the SCRPP will no longer be able to vouch for the recovery of the client.
- 5) The Senior clients will continue to mail, fax or E-mail their reports to their recovery specialist periodically as determined by agreement between the recovery specialist and the client
- 6) Relapse by a client who has a SENIOR CONTRACT will be treated as a new occurrence and a new monitoring agreement will be implemented. The client will be referred for an evaluation and appropriate board reporting will be determined if necessary for public safety.

(Participant Signature)

(Date)

(Witness Signature)

(Date)

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