

# **A Guide for Assisting Colleagues Who Demonstrate Impairment in the Workplace**



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## Introduction

Limited data exists on the number of health professionals who misuse alcohol and other drugs, because they rarely report themselves for fear of disciplinary action. However, it is widely believed that health professionals misuse alcohol and other drugs at about the same rate as the general population (10-15 percent). The American Nurses Association (ANA) estimates that six to eight percent of nurses use alcohol or drugs to an extent that is sufficient to impair practice. Healthcare professionals are highly trained, self-motivated and are often expected to assume leadership roles, therefore may have great difficulty in acknowledging personal needs. It is common to hear, *“I could not reach out for help.”*

Substance abuse can result in negative consequences for the health professional including loss of family, license to practice, or even life. Substance misuse also jeopardizes the public which depends on them for care. The cost associated with chemical dependency is significant. It affects employers, co-workers, clients, family, and the community at large. Absenteeism, accidents, injuries, stress-related illnesses and violence are only some examples that can result if the disease is left untreated.

Unfortunately early recognition leading to intervention and treatment of the chemically dependent health professional is often delayed. The problem is denied, rationalized or minimized. Co-workers, colleagues, and supervisors may protect, blame, promote, transfer, or even ignore the affected professional. It is difficult to take responsibility to deal with the problem for many reasons yet it is a professional responsibility to assist colleagues in recognizing deterioration in job performance that may be the result of chemical dependency.

This handbook will assist in helping health professionals whose practice may be impaired because of substance misuse. The focus is on *what you can do* to identify the impaired professional and effectively intervene. It is our hope that this handbook will give clear-cut steps for action, rather than enable a problem to continue to an inevitable conclusion.

“Health Professionals have a right and an obligation to ask for help when they are struggling with impairment. When they request assistance, they deserve the same care and respect that they give their own patients and clients every day.” P. Bradley Hall, MD

## History

Each year within the health community professionals with substance use disorders are undetected and untreated. In 1986, in response to members of the nursing community, the Washington State Nurses Association in a joint effort with the Board of Nursing (now the Nursing Care Quality Assurance Commission) worked to establish an alternative to traditional license discipline to allow nurses to maintain their licenses and return safely to practice. Successful completion of treatment, and ongoing monitoring was put into place to ensure public safety and sustained recovery.

Revised Code of Washington (RCW) 18.130.175, Voluntary Substance Abuse Monitoring Programs, was adopted in 1988 and has become a model for other professions and other states.

In establishing the use of voluntary substance abuse monitoring programs the legislature made its intentions clear:

It is the intent of the legislature that the disciplining authorities seek ways to identify and support the rehabilitation of health professionals whose practice or competency may be impaired due to the abuse of drugs or alcohol. The Legislature intends that such health professionals be treated so that they can return to or continue to practice their profession in a way which safeguards the public. The Legislature specifically intends that the disciplining authorities establish an alternative program to the traditional administrative proceedings against such health professionals.

The Substance Abuse Monitoring Program (SAMP) began as part of the Board of Nursing and wrote its first return to practice agreement in November 1988. Now called Washington Health Professional Services (WHPS) the program provides monitoring services, as an alternative to license discipline.,. Allowing many nurses to resume their careers and continue to provide valuable services to the public.

## Washington Health Professional Services Program

The Washington State Department of Health, in conjunction with various professional health boards, developed and implemented the Washington Health Professional Services (WHPS) program on August 1, 1991. WHPS is currently a program within the Nursing Care Quality Assurance Commission.

The purpose of the program is to:

- ✓ To provide a confidential, non-punitive approach to substance use disorders
- ✓ Promote early intervention for suspected substance abuse and support recovery
- ✓ Retain skilled practitioners through monitoring and providing an alternative to discipline
- ✓ Ensure the public's safety from chemically impaired practice and judgment
- ✓ Return recovering nurses safely back to work.

The WHPS program services include:

- ✓ Confidential consultation with the health professionals, colleagues, employers or other concerned individuals
- ✓ Education and outreach
- ✓ Comprehensive intake services
- ✓ Referrals for evaluation and treatment
- ✓ Monitoring of program compliance and safety to practice.

**The best way for nurses to seek assistance from WHPS is to contact the program directly at 360-236-2880. This is the shortest road into treatment and recovery, and provides for the greatest degree of confidentiality.**

Nurses may also be directed to WHPS by colleagues, friends, family members, or Employee Assistance Programs. Referrals are also commonly made by professional associations, colleagues, disciplining authorities, agencies, and institutions such as schools and hospitals.

## Recognizing a Problem

The first step in assisting a colleague is Recognition: Chemical dependency should not be presumed by a single sign or symptom, but rather by changes in behavior and job performance. Because health professionals define themselves by their profession evidence of the disease on the job often indicates late stage of illness. Workplace problems are a last step in a downward spiral and often coworkers are shocked when the illness is uncovered.

This guide is not intended to diagnose a problem, but rather to assist in identifying signs and symptoms of a problem, documenting the concerns, and communicating them effectively. Co-workers often feel uncomfortable when confronted with a chemical dependency problem in a colleague. Some of the barriers which may prohibit one from helping a colleague include fear, lack of knowledge, and negative attitudes regarding chemical dependency in a healthcare provider. It is important to know the signs and symptoms that are often displayed as red flags so that they can then be clearly and concisely documented. Co-workers, colleagues, and supervisors may engage in behaviors that attempt to rescue or *enable* the impaired health professional to continue use. They may cover up, make excuses or feeling sympathy for them, none of which addresses the problem. Nurses and other health professionals often assume the role of “Rescuer” thus enabling rather than intervening. This allows the impaired professional to continue in the addiction process resulting in more severe consequences including death.

Some behaviors are associated with emotional problems and/or substance abuse but are specific to alcohol or other drug abuse. Some signs common to alcohol and other drugs may also be signs of psychological or psychiatric conditions. Each situation is individual and symptoms may vary. It is important that health professionals are educated in appropriate limit/boundary setting and recognition of signs and symptoms of chemical dependency.

**The workplace is typically the last place addiction manifests itself. Disruptions in family, personal health and social life can all occur while the workplace remains unaffected. Even small intrusions of addiction into the workplace should be taken very seriously.**

## Signs and Symptoms

Many signs and symptoms of chemical dependency in the workplace are non-specific, but when an individual's behavior is observed and documented over time, the concern becomes clear and it is time to act. It is very important that health professionals receive education on chemical dependency in order to develop awareness regarding the signs and symptoms and be familiar with workplace policies and procedures.

<b>Common Signs and Symptoms of Workplace Impairment</b> Dunn, D. (2005) Substance abuse among nurses-defining the issue. AORN Journal, (82)4.	
Psychosocial	<ul style="list-style-type: none"> <li>• Fearful, anxious, panic attacks</li> <li>• Feelings of impending doom</li> <li>• Paranoid ideation</li> <li>• Shameful, guilty, lonely, or sad</li> <li>• Defensive (e.g. denial, rationalization)</li> </ul>
Physical	<ul style="list-style-type: none"> <li>• Runny nose, watery eyes</li> <li>• Dilated or constricted pupils</li> <li>• Sleeping on the job</li> <li>• Bloodshot or glassy eyes</li> <li>• Unsteady, stiff, or listing gait</li> <li>• Tremors, restlessness</li> </ul>
Behavioral	<ul style="list-style-type: none"> <li>• Impaired cognition</li> <li>• Increasing forgetfulness</li> <li>• Isolation or withdrawal</li> <li>• Mood swings (e.g. erratic outbursts, emotionally labile)</li> <li>• Frequent complaints of vague illness or injury</li> </ul>
Job Performance	<ul style="list-style-type: none"> <li>• Requests jobs in less supervised settings</li> <li>• Seems like a workaholic (e.g. frequently works overtime, arrives early and stays late)</li> <li>• Volunteers to count narcotics</li> <li>• Evidence of tampering with vials or capsules</li> <li>• Makes frequent medication errors</li> <li>• Frequent medication loss, spills, or wasting</li> <li>• Overmedicates compared to other staff</li> <li>• Patients complain of ineffective pain relief</li> <li>• Frequent tardiness</li> <li>• Frequent unexplained disappearances from the unit</li> <li>• Disorganized illogical charting</li> <li>• Elaborate, implausible excuses for behavior</li> <li>• Casually asks physicians for prescriptions</li> <li>• Not adhering to safety policies</li> <li>• Decreased job performance</li> </ul>

## Ethical Considerations

Misuse of prescribed medications, non-prescription drugs, and alcohol is a violation of the Washington State Nurse Practice Act and the American Nurses Association (ANA) Code of Ethics for Nurses. The ANA Code of Ethics can be viewed at: <http://nursingworld.org/MainMenuCategories/ThePracticeofProfessionalNursing/EthicsStandards/CodeofEthics.aspx> (See Chapter 3.6)

Nurses and other health professionals impaired by alcohol or other drugs pose a serious risk of harm to patients, colleagues, and themselves. Employers have a duty to protect the patient as well as an ethical obligation to assist their employees. An employer should consider the following guidelines and/or ethical issues.

- ✓ Confidentiality related to information concerning a chemical dependency problem is required by federal law. Each employer should have a policy which includes: 1) a cause for testing policy, 2) identification of the person who will interact with the employee concerning their impaired practice, 3) a referral process for evaluation and treatment, and 4) clear consequences associated with refusing treatment.
- ✓ It is the obligation and responsibility of a colleague or co-worker to document and report an impaired health professional's behavior to the employer or designated supervisor. The health professional should not be allowed to give patient care until he/she has been evaluated and received treatment.
- ✓ A health professional should be offered treatment in lieu of termination. It is more cost effective to help the health professional get treatment and return him/her to the workplace than to replace them. Valuable expertise and service history may be lost if the health professional's employment is preemptively terminated, and the health professional is not afforded the opportunity to get treatment for what is a progressive medical illness.
- ✓ It is important to note that the suicide risk is increased after an intervention/confrontation. It is necessary to assure the health professional is not left alone after an intervention until a plan is in place.
- ✓ The health professional has the right to refuse treatment. Although they may put themselves in jeopardy if they do, it is each person's right to make that decision. The employer needs to make it clear that if evaluation and treatment are rejected, the healthcare worker's employment may be terminated.



## Regulatory Requirements

In 2006, the Washington Legislature directed the Department of Health to adopt rules about mandatory reporting of health professionals who commit unprofessional conduct or are unable to practice safely. The legislature added additional mandatory reporting requirements in 2008.

The mandatory reporting rules are in chapter [246-16 WAC](#). They cover reports about all practitioners regulated by the department secretary, a board, or a commission. They require reporting by healthcare practitioners, employers, healthcare facilities, and others.

These mandatory reporting rules require certain reports about license holders and are intended to address patient safety. However in order to support early intervention and participation in monitoring the rule also states:

When there is no patient harm, reports of inability to practice with reasonable skill and safety due to a mental or physical condition may be submitted to one of the approved impaired practitioner or voluntary substance abuse programs or to the department...

Reporting substance misuse or impairment to Washington Health Professional Services (WHPS) or one of the other professional monitoring programs fulfills reporting obligations under WAC 246-16. Reports may be submitted to WHPS by calling 360-236-2880.

**A nurse's voluntary participation in WHPS is not made known to their disciplining authority unless there is reason to believe the nurse is unable to practice with reasonable skill and safety.**

## Barriers to Intervention

Major factors determining whether a health professional is intervened upon and offered help are the knowledge, courage, and attitudes of those around him/her. In order to be of help to someone who may have a problem, it is essential to be informed and knowledgeable. Knowing the signs and symptoms of chemical dependency and the resources available are critical to successful intervention.

There are many barriers which block intervening with a co-worker. The three most common barriers are:

### **Lack of knowledge:**

- ✓ Of chemical dependency as a primary disease with signs and symptoms and a specific course that can be identified, documented and treated
- ✓ That chemical dependency does exist in healthcare professions
- ✓ Of the signs and symptoms of a problem in the workplace
- ✓ about how to intervene in the workplace and what resources are available.

RCW 18.130, or the Uniform Disciplinary Act (UDA), consists of laws governing the licensure and discipline procedures for health and health-related professionals and businesses. These rules and regulations strengthen and consolidate disciplinary procedures for licensed and certified health and health care-related professions and agencies.

<http://www.doh.wa.gov/hsga/emstrauma/download/uda.pdf>

### **Fear:**

- ✓ Of what may happen to the person if you intervene
- ✓ Of the reaction of the person towards you
- ✓ That somehow you may be sued for intervening
- ✓ That you may be the one to cause a professional to lose a job or place their license in jeopardy.

### **Attitudes and Beliefs That:**

- ✓ Chemically dependent people are morally wrong or non-functioning. Most are functioning, working people. (Chemical dependency is an equal opportunity disease that can affect all people, of all ages, in all professions.)
- ✓ You can independently help a colleague who may have a problem
- ✓ There is no need to refer or to contact other sources of help.

These attitudes, fears, and lack of knowledge are barriers to effectively helping a colleague. We can break through these barriers by having information and knowledge about chemical dependency, its effects on the professionals, behaviors displayed in the workplace, and available resources to help us intervene effectively.

## What You Can Do to Intervene

### Observation and Data Collection

The suspicion that a professional is using drugs, alcohol, or may have some other type of psychological condition affecting his or her practice generally arises from a series of observations rather than from an isolated instance. When this occurs:

**Don't panic, but do act.** Overreacting may create additional problems but patients must be protected and legal rights assured. **The only thing you can do wrong is to do nothing.**

**Document carefully.** All reports and direct observations of questionable behavior should be recorded with dates, times and names of observers, reporters, and the professional in question, description of circumstances, action taken, and the professional's response. Notes should be factual and data should be objective.

**Discuss your concerns with a supervisor or other senior colleague.** Specific concerns related to impaired practice should be documented and then shared confidentially with a supervisor or colleague. An immediate situation should be shared with the person in charge at the time. This will enable the supervisor or colleague to evaluate the situation and determine an appropriate course of action. In-house policies and internal Employee Assistance Programs can provide additional direction.

**Continue to: observe, document, and share your observations.**

**If there is an Employee Assistance Program** available in your workplace, it may be helpful to informally refer your colleague. Picking up a brochure informing them that the program is available and encouraging them to seek assistance may be an appropriate intervention. It is important that you do not take over the primary counselor role but rather offer support and refer to the appropriate professional for assistance.

**Following-up with your supervisor or colleague is vital.** If the situation warrants immediate action and you are concerned about patient/client safety, you may need to contact other key administrators.

## Workplace Intervention

### Do:

- prepare a plan
- review documentation
- request help from others
- ensure security is readily available
- decide who will present what information
- expect denial
- conduct a for-cause drug test
- provide for safe transport
- report as necessary to the state alternative program and/or licensing authority
- debrief with interveners
- leave the individual with a sense of hope knowing that they are a good human being deserving of help
- ask the health professional to listen to everyone before responding to interveners
- stick to the job performance
- have professional resources available

### Don't:

- just react
- intervene alone
- try to diagnose the problem
- expect an admission of a problem
- give up
- use labels

If the health professional appears to be under the influence of mind-altering chemicals in the work setting, the issue must be addressed immediately. Remove the professional from the unit/department, get a drug screen, and evaluate the need for emergency treatment (either medical and/or psychiatric). If immediate medical intervention is needed, transport the individual to the emergency room. Once the immediate emergency is stabilized, then develop the plan of action to address the problem.

From Ohio Nurses Foundation (2008). Guidelines for managers of impaired nurses: Nurse's with chemical dependency and/or psychiatric issues.

## Post Intervention/Treatment Process

The purpose of treatment is the safe withdrawal from alcohol or other drugs, to help the professional honestly face the addiction and to develop new attitudes that will help them embrace a drug and alcohol-free lifestyle. Treatment is just the first step towards recovery.

For the professional seeking help for chemical dependency, the most likely source will be a multi-disciplinary treatment program that is recovery oriented, has abstinence as a goal and utilizes a recovery-oriented or 12-step program such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA). The program needs a broad rehabilitation component which supports restoration of function and ongoing sobriety.

The health professional may seek treatment in either an outpatient or inpatient setting. Treatments vary in length depending on the problems identified and what is determined as appropriate. Day treatment may also be an option.

Professionals who participate in the Washington Health Professional Services program are required to follow very specific guidelines when working. These may include, where appropriate, refraining from administering controlled substances for a specified period of time. The professional may also be required to attend treatment including Aftercare, a professional support group, and 12-step meetings, such as AA or NA. Random laboratory drug screens are done as part of the monitoring process. Professionals with behavioral and or psychiatric disorders may be referred for additional evaluation and treatment.

Chemical dependency and mental health treatment services in Washington state may be found through the:

- *Division of behavioral Health and Recovery*  
<https://www.dshs.wa.gov/bhsia/division-behavioral-health-and-recovery>
- *Washington Recovery Helpline*  
<http://www.warecoveryhelpline.org/>

## **Return to Work Issues**

The return of a recovering professional to the workplace can be a very frightening and challenging time. There are fears that colleagues may not understand or be rejecting. Your support and understanding at this time is very important to the recovering professional who is returning to the workplace. Do not be afraid to ask questions and offer support. It can take time for all to feel comfortable and adjust to this change.

Once the professional has returned to work and colleagues begin to see positive changes, transition becomes smoother and the team becomes more cohesive and supportive. If you have questions or concerns about a colleague who is returning to work following treatment, talk with your supervisor or other colleagues, rather than keeping it to yourself. You can call the Washington Health Professional Services for information and/or a confidential consultation.

The recovering health professional who has returned to work must decide what information to share and with whom. It often works to have a short meeting with the staff, recovering professional and manager of the unit prior to the return to work. During the meeting, the recovering professional can share any restrictions they will have when returning to the unit. If there is a medication restriction, specifically a controlled substance restriction, the decision as to who will be responsible for passing the nurse's medications and what tasks will the recovering nurse assume in return?

The health professional will return to work with a monitoring contract. It usually mandates attendance at recovery-oriented 12-step meetings, continued outpatient aftercare or other meetings, and drug screening. The returning professional might need to work day shift and forego overtime opportunities, for a period of time in order to meet all the required recovery obligations. It is important for colleagues to understand the reasons for this as they may be affected by the contract requirements.

The monitored professional needs to understand that some staff may continue to be angry about the previous drug use and the resulting problems. They also need to recognize that they will be suspected in the future whenever medications come up missing. If this occurs, the professional should insist on giving a urine specimen immediately so that their name and integrity can be preserved.

## **Contact Washington Health Professional Services (WHPS)**

Self-referrals aid early entry into treatment and recovery and are treated confidentially.

Health professionals may be directed to the program by colleagues, co-workers, friends or family members. Referrals are also commonly made by professional associations, Employee Assistance Programs, disciplining authorities, agencies, and institutions, such as schools and hospitals. Early intervention increases consumer protection. If you, or someone you know has a substance abuse problem, and are looking for further assistance, please contact:

### **Washington Health Professional Services**

PO Box 47872

Olympia, WA 98504-7872

[whps@doh.wa.gov](mailto:whps@doh.wa.gov)

Tel 360-236-2880, option #1

Fax 360-664-8588

There are separate substance abuse monitoring programs for physicians, pharmacists and other allied health professionals:

**Washington Physician Health Services (WPHP):** Providing substance use and behavioral health services to physicians, physician assistants, podiatrists, dentists, and veterinarians. 206-583-0418 or <http://www.wphp.org/contact.html>

**Washington Recovery Assistance Program for Pharmacy (WRAPP):** Providing substance use and behavioral health services to pharmacists and pharmacy technicians. 1-800-446-7220 or <http://www.wsparx.org/displaycommon.cfm?an=1&subarticlenbr=100>

**Washington Recovery Assistance Monitoring Program (WRAMP):** Providing substance use monitoring services to all other allied health professions. 360-236-2880, option #2

## Resources and Websites

### Resources

A New Beginning [Pamphlet]. (2006) Washington Health Professional Services: DOH Pub 600-500 (Rev 6/2006)

Copp, M. B. (2009). Drug Addiction Among Nurses: Confronting a quiet epidemic .  
<http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Drug-addiction-among-nurses-Confronting-a-quiet-p/ArticleStandard/Article/detail/592623>

Dunn, D. (2005) Substance abuse among nurses-defining the issue. AORN Journal, (82)4.  
<http://www.ncbi.nlm.nih.gov/pubmed/16370231>

Furman, J., (2012). . Washington Nursing Commission News: Bringing the Impaired Nurse Safely back to Practice. Volume 7(1), ed. 14.  
<http://www.doh.wa.gov/Portals/1/Documents/6000/Winter2012.pdf>

Handbook for Working with the Chemically Dependent Nurse; Washington State Nurses Association (2002)

Hastings, J., Burn, J. (2007). Addiction: A Nurses Story. American Journal of Nursing. 107, 75-77, 79.  
[http://journals.lww.com/ajnonline/Abstract/2007/08000/Addiction\\_A\\_Nurses\\_Story.35.aspx](http://journals.lww.com/ajnonline/Abstract/2007/08000/Addiction_A_Nurses_Story.35.aspx)

National Council of State Boards of Nursing (2011). Substance use disorder in nursing. National Council of State Boards of Nursing, Chicago, IL. Retrieved from  
<https://www.ncsbn.org/2106.htm>

Ohio Nurses Foundation (2008). Guidelines for managers of impaired nurses: Nurse's with chemical dependency and/or psychiatric issues. Retrieved from  
<http://www.thefreelibrary.com/Guidelines+for+managers+of+impaired+nurses.-a0215925659>

Raymond, M.K., (2009). Opinion: Pills in my pocket: The slippery slope of nurse drug abuse... Fear of street drugs is sometimes no protection against misuse of prescription medicine. Retrieved December 13, 2010 from  
<http://www.modernmedicine.com/modernmedicine/Modern+Medicine+Now/Opinion-Pills-in-my-pocket-The-slippery-slope-of-n/ArticleStandard/Article/detail/592601>

South Dakota Health Professionals Assistance Program (2012). Course for Worksite Monitors. <http://doh.sd.gov/boards/nursing/documents/FullCourse.htm>



Washington Uniform Disciplinary Act <http://apps.leg.wa.gov/RCW/default.aspx?cite=18.130>

## Web Resources

Alcohol and Drug 24-Hour Help Line: <http://www.adhl.org/>

Alcohol and Drug Abuse Institute at the University of Washington: <http://adai.washington.edu/>

Alcoholics Anonymous: <http://www.aa.org/?Media=Playflash>

American Society of Addiction Medicine (ASAM): <http://www.asam.org/>

Complaint and Disciplinary Process:  
<http://www.doh.wa.gov/LicensesPermitsandCertificates/FileComplaintAboutProviderorFacility.aspx>

Division of Alcohol and Substance Abuse/DSHS: <http://www.dshs.wa.gov/DBHR/>

Health Evidence resource for Washington State (HEAL-WA): <http://heal-wa.org/>

National Organization of Alternative Programs: <http://alternativeprograms.org/>

National Treatment Provider Locator: <http://findtreatment.samhsa.gov/>

Northwest Addiction Technology Transfer Center:  
[http://www.attcnetwork.org/regcenters/index\\_northwestfrontier.asp](http://www.attcnetwork.org/regcenters/index_northwestfrontier.asp)

Service Employees International Union 1199NW: <http://www.seiu1199nw.org/>

Substance Abuse and Mental Health Administration Within Federal HHS:  
<http://www.samhsa.gov/>

Washington Health Professional Services: [www.doh.wa.gov/whps](http://www.doh.wa.gov/whps)

Washington State Nurses Association: <http://www.wsna.org/>

Washington State Nursing Care Quality Assurance Commission:  
<http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission.aspx>

## Washington Health Professional Services (WHPS)

### Request for Speaking Engagement

A lack of knowledge about substance use disorders is a major risk factor for nurses and other healthcare practitioners. We are available to provide education and consultation, free of charge, to your staff and students about substance use disorders among healthcare professionals and the WHPS program. Providing this information to nursing students is a valuable part of their education.

Today's Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Requested date for presentation: \_\_\_\_\_

1st Choice: \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

Presentation Topic: \_\_\_\_\_

Name of Meeting Room: \_\_\_\_\_

Address: \_\_\_\_\_

City/State \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Audience (primary specialty of attendees): \_\_\_\_\_

Number of Attendees expected: \_\_\_\_\_

Available audiovisual equipment \_\_\_\_\_

**Please fax or email this completed form to WHPS at 360-664-8588 or [whps@doh.wa.gov](mailto:whps@doh.wa.gov) Once we receive the request form, we will contact you to begin program arrangements. If you have questions or need assistance, please call us at 360-236-2880.**

