

NM BOARD OF NURSING
DIVERSION PROGRAM FOR CHEMICALLY DEPENDENT NURSES
PHONE: 505-841-8345 FAX: 505-841-9092
DISCHARGE REQUIREMENTS- FOR NURSE PARTICIPANTS

NURSES ARE EXPECTED TO COMPLETE THEIR FULL 5 YEAR CONTRACT. THE FOLLOWING CONDITIONS FOR DISCHARGE MUST BE FULFILLED IN ORDER TO REQUEST DISCHARGE.

4 ½ YEARS OF CONTINUOUS RELAPSE-FREE RECOVERY
 FINAL 2 YEARS MUST BE CONTINUOUS SATISFACTORY PARTICIPATION/COMPLIANCE IN THE DP
 HAS SUBMITTED A LETTER OF REQUEST FOR DISCHARGE
 HAS SUBMITTED THE FOLLOWING LETTERS OF SUPPORT FOR DISCHARGE:

COUNSELOR/THERAPIST
 12-STEP SPONSOR
 NURSING SUPERVISOR
 OTHER _____
 OTHER _____

You must request discharge in person with your D.P. Committee. You must be approved for discharge by the committee and the D.P. Coordinator. After approval, your request will be presented to the Board of Nursing for final discharge.

When you are discharged, your D.P. file is destroyed within 30 days. Therefore, you must retain your discharge letter in a safe place. If you lose it, there can be no further verification of your successful completion of the Diversion Program.

If you have been reported to the BON while in the DP and received any form of disciplinary action, this remains public information and a permanent part of your record.

You are also encouraged to join the D.P. Advisory Committee after your discharge. As a volunteer, your experience can be invaluable to other nurses in the Diversion Program. An application to participate as a volunteer in the D.P. will be included with your discharge letter. Please fill it out and return it as soon as possible to the D.P. Coordinator.