

**GUIDELINES FOR SUBMISSION OF MONITOR REPORTS &
SAMPLE MONITOR REPORT**

Your reports should be typed and include the following information:

- I. Submit reports on a quarterly basis, in **affidavit form**, which shall include:
 - a) Brief statement of why licensee is on probation.
 - b) Description of Respondent's practice (type and composition).
 - c) Statement addressing Respondent's compliance with the terms of probation.
 - d) Brief description of the monitor's relationship with respondent.
 - e) Detail any problems which may have arisen with probationer.
 - f) Be available for consultation with Respondent whenever necessary, at a frequency of at least once per month.
 - g) Review 25% of Respondent's patient records selected on a random basis at least once every month. In order to comply with this responsibility of random review, the monitoring physician shall go to the respondent's office once every month. At that time, the monitoring physician shall be responsible for making the random selection of the records to be reviewed by the monitoring physician.
 - h) Receive and review copies of all controlled substances in order to determine the appropriateness of Respondent's prescribing of controlled substances.
 - i) Report immediately to the Board any violation by the Respondent of Chapter 456 or 458, Florida Statutes, and the rules promulgated thereto.

Reports are due on or before the due date. Please allow plenty of time for your report(s) to be received in the Compliance Management Unit. The probationer is responsible for making sure the monitor submits reports as required. **If your monitor's report is not in the office by the due date, a referral will be made for possible violation of your Final Order.**

Send reports to the following address:

**Division of Medical Quality Assurance
Compliance Management Unit
Medical Compliance Officer
4052 Bald Cypress Way, Bin C-76
Tallahassee, Florida 32399-3251
(850) 245-4268
Facsimile: (850) 488-0796**

BOARD OF MEDICINE
MONITOR'S QUARTERLY REPORT

Please print or write legibly.

Respondent's Name:			
Respondent's License Number:		Case Number:	
Address:			
	City	State	Zip
Telephone Number			
Monitor:			
Address:			
	City	State	Zip
Telephone Number			
Quarter (3 months)	From:	To:	

Brief statement of why Respondent is on probation:

Description of current practice (type and composition) and location:

Statement addressing Respondent's compliance with the terms of probation.

Brief description of the monitor's relationship with respondent.

Detail any problems which may have arisen with probationer.

Report immediately to the Board any violation by the Respondent of Chapter 456 or 458, Florida Statutes, and the rules promulgated thereto.

Signature: _____ Date: _____

STATE OF _____

CITY/COUNTY OF _____

Before me personally appeared _____ whose identity is known to me by _____ (type of identification) and who acknowledges that his/her signature appears above.

Sworn to or affirmed by Affiant before me this _____ day of _____, 20____

Notary Public - State Of Florida

My Commission Expires

Type or Print Name

**Mailing Address: Department of Health, Compliance Management Unit
4052 Bald Cypress Way, Bin C76 • Tallahassee, FL 32399
Fax: (850) 488-0796**