

**OKLAHOMA PHARMACISTS HELPING PHARMACISTS (OPHP)
EMPLOYER-EMPLOYEE CONTRACT**

_____ (Employer), has a keen interest in its Pharmacists and a strong desire to be supportive to any special need of following conditions are agreed upon jointly by _____ (Employer), and

_____ (D.Ph., Intern, Pharmacy Technician)
(circle one)

1. _____ (Employer) will support the activities deemed necessary to facilitate the continued good health and recovery that has been achieved.
2. _____ (D.Ph., Intern, Pharmacy Technician,) (circle one)

I agree to abstain from the personal use of any mood altering substance, unless prescribed by my primary care provider and approved by the Oklahoma Pharmacists Helping Pharmacists (OPHP) Program, and further agree to provide my employer and the OPHP Program with:

- A. **Copies of all urine screens and/or hair/nail screens and/or blood alcohol screens as required by the Oklahoma State Board of Pharmacy and/or my OPHP Recovery Monitoring Agreement.**
 - B. **Documentation of attendance to Alcoholics Anonymous (AA), Narcotics Anonymous (NA), and/or any applicable 12-step program approved by OPHP.**
 - C. **Quarterly progress reports from aftercare counselors while actively in the OPHP Program.**
 - D. **Quarterly progress reports from my primary care provider for the duration of the OPHP Recovery Monitoring Agreement, or Oklahoma State Board of Pharmacy orders.**
 - E. **A copy of my Oklahoma State Board of Pharmacy final order if applicable, if the conditions of that order have impact on my employment.**
3. This agreement is to continue for the duration of the OPHP Recovery Monitoring Agreement and/or Oklahoma State Board of Pharmacy final orders if applicable.

Dated the ____ day of _____, 20___. In _____ County, State of _____.

(Employer Representative)

(D.Ph., Intern, Pharmacy Technician)
(circle one)

(Witness)

(Revised July 2020)