



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF PROFESSIONAL AND OCCUPATIONAL AFFAIRS

Professional Health Monitoring Programs
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Records Release Authorization

I, _____ give my consent to the Professional Health Monitoring Programs (PHMP), Bureau of Professional and Occupational Affairs to disclose the results of the drug and alcohol and/or mental health evaluation completed by the PHMP-approved evaluator to the:

Board Name: _____

Board Address: _____

The purpose of the disclosure of this information is to enable the Board to make an informed decision regarding my application for licensure.

I understand that I have no obligations whatsoever to disclose any information and I may revoke this consent at any time by notifying the PHMP case manager in writing prior to release of the information; and/or specifying a date, event or condition upon which my consent will expire without revocation, which I have done below.

This consent shall expire one year from date of the applicant’s signature or as otherwise indicated below.

Date, Time, Event or Condition of Expiration

Applicant Signature

Date

Witness Signature

Date