

# Work Site/Peer Monitor Guidelines & Agreement

P.O. BOX 69 ■ MANCHESTER, MAINE 04351 ■ (207) 623-9266 ■ Fax (207) 430-8386

I \_\_\_\_\_ agree to be the Worksite/Peer Monitor for \_\_\_\_\_

Participants must secure a worksite or peer monitor to meet Consent Agreement (CA) and aligned Monitoring Agreement (MA) requirements. When a worksite monitor is not available, such as when a participant works in solo practice, or all practice staff are employees of the participant; an alternative monitor off the worksite may be selected to act as a peer monitor (please see terms below).

Please initial next to each number and sign below to indicate that you agree to the terms outlined here.

- 1) \_\_\_\_\_ Monitor will work within the same general profession unless otherwise specified.
  - If there are no similar professionals/ licensees in the work site, the MPHP will work with the participant to identify an appropriate monitor.
  
- 2) \_\_\_\_\_ Monitor will see the participant in person at least once weekly, or more depending on Board and/or MPHP requirements. Chart reviews may be required dependent on CA/MA requirements.
  - The monitor must be able to physically observe the participant in routine practice at their work site. Observation frequency is determined by the CA/MA. **Observation frequency** \_\_\_\_\_
  
- 3) \_\_\_\_\_ Monitor is willing to communicate with MPHP staff regarding observations of the participant, engaging in ongoing communications as needed.
  - Communication with MPHP staff involves responding to emails, phone calls, and submission of reports in a timely manner or as the CA/MA require.
  - The monitor will make contact with the clinical coordinator within 24 hours with any concerns.
  - Reports are due on the 1<sup>st</sup> of the month - frequency to be determined by the CA/MA.
  - Reports submitted to MPHP will not be re-released to any other party.
  
- 4) \_\_\_\_\_ There will be no conflict of interest between monitor and participant.
  - Monitor cannot be a close friend or family member.
  - The participant cannot be in a supervisory role over the monitor.
  - The participant will not pay the monitor for monitoring or reporting.
  
- 5) \_\_\_\_\_ As a monitor, your primary responsibility is to ensure that the participant is executing their job responsibilities safely and effectively. Any deviation from that warrants communication with the participant's clinical coordinator.

Email address: \_\_\_\_\_

Phone Number \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date \_\_\_\_\_