



ProBE Plus Program
Longitudinal Follow-up to the ProBE Program

Enrollment Requirements:

(1) Enrollment Form completed; (2) Terms and Conditions signed; (3) Tuition paid.

ENROLLMENT FORM

Name		Degree
Specialty		
Address		
City, State/Province		Zip/Postal Code
Office Phone	() --	
Home Phone	() --	
FAX	() --	
E-mail		
Date and City of ProBE Program Attended		

Referring entity (board, regulatory college, school, etc.)		
Contact Person, Title		
Address		
City, State/Province		Zip/Postal Code
Telephone	() --	
E-mail		

TERMS and CONDITIONS

Tuition includes an initial conference call with the designated ProBE Plus faculty mentor (Mentor), the Mentor's review of all written assignments, verbal feedback from and discussions with the Mentor at six months and 12 months, and the Mentor's written report summarizing the work accomplished during ProBE Plus, including the final grade (pass or fail).

Upon enrollment in the ProBE Plus Program, it is understood that:

1. The participant will cooperatively develop the content with the Mentor, complete all reading assignments, submit all written assignments, and participate in all focused discussions with the Mentor.
2. It is the responsibility of the participant to contact ProBE staff to schedule calls with the Mentor and subsequently participate in all calls with the Mentor.
3. The participant agrees to provide information from his/her referring entity (board, regulatory college, school, etc.), relevant to the purposes of the ProBE Plus Program.
4. At the conclusion of ProBE Plus, the Mentor will provide a written report to the referring entity and a copy to the participant.
5. The Mentor's report will assess the quality of the participant's overall involvement in ProBE Plus. Specifically, it will address the participant's ability to integrate professional ethical judgment into his/her daily practice, with special attention to the issues identified in the initial referral to the ProBE Program.
6. The ProBE Plus report is only part of the information reviewed by the participant's referring entity. Completing ProBE Plus may be a necessary but not sufficient condition for the resolution of the total requirements of the referring entity.

Authorization to Release/Receive Information:

I understand the Terms and Conditions of the ProBE Plus Program and hereby agree to abide by them. I authorize the Mentor to assess my participation and to provide the assessment report to my referring entity listed on the Enrollment Form.

PRINTED NAME _____

SIGNED _____

DATE _____

