



DETROIT RECOVERY PROJECT INC.
Doing It Together!

Recovery Training Institute

STATEMENT OF PERSONAL RECOVERY

I, the undersigned individual, affirm that I have successfully pursued my own personal health recovery experience involving or affected by the use of opioids, alcohol and/or other drugs. I affirm that I have not used any opiate, alcohol, narcotic, stimulant, or other drug affecting my central nervous systems or causing physical or psychological dependence, to which I was addicted or upon which I was previously dependent, within the past two years. I further affirm that I have not used controlled substances which were obtained illegally or which were not obtained with a valid prescription order from a licensed health care provider, within the past two years.

I affirm that in the event I experience a relapse in my recovery, or experience other psychological or physical health conditions which may interfere with and impair my professional functioning over an extended period of time, I will seek appropriate therapeutic care, and will request a moratorium with DRP for medical reasons until rectified.

(Optional) My present period of continued recovery from psychoactive drugs is _____ years.

Applicant Signature

Date

Please Print Your Name

This initiative is funded by the Human Resource and Services Administration