



INDIANA STATE NURSES ASSISTANCE PROGRAM  
 2915 N. High School Rd., Indianapolis, IN 46224  
 (317) 295-9862 • (800) 638-6623 • Fax (317) 297-3525  
 www.IndianaNurses.org

# REQUEST FOR CHANGE TO RMA

Licensee's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Support for: \_\_\_\_\_ Return to Work \_\_\_\_\_ Decreased Therapist Visits  
**ONE** \_\_\_\_\_ Decreased UDS \_\_\_\_\_ Decreased Addictionist Visits  
**Request** \_\_\_\_\_ Decreased NA/AA Meetings \_\_\_\_\_ No Controlled Substance Restrictions  
**Per Form** \_\_\_\_\_ Decreased NSG Meetings \_\_\_\_\_ Completion of ISNAP program  
 \_\_\_\_\_ Other: \_\_\_\_\_

**ADDICTIONIST'S SUPPORT:** *Addictionist, please give reason(s) for No or Yes answers.*  
 No  Yes  Addictionist would rather contact ISNAP  N/A – NO Addictionist  
 Reason: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THERAPIST'S SUPPORT:** *Therapist, please give reason(s) for No or Yes answers.*  
 No  Yes  Therapist would rather contact ISNAP  N/A – NO Therapist  
 Reason: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SPONSOR'S SUPPORT:** *Sponsor, please give reason(s) for No or Yes answers.*  
 No  Yes  Sponsor would rather contact ISNAP  N/A – NO Sponsor  
 Reason: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK SITE MONITOR'S SUPPORT:** *Work Site Monitor, please give reason(s) for No or Yes answers.*  
 No  Yes  Work Site Monitor would rather contact ISNAP  N/A – NO Work Site Monitor  
 Reason: \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone#: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
 Licensee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**•FOR ISNAP'S USE ONLY•**  Approved  Denied \_\_\_\_\_  
 ISNAP Staff Signature & Date