



DEPARTMENT OF HEALTH

Impaired Driver Rehabilitation Program
Completion Report

First Name: [] Middle Initial: [] Last Name: []

Date of Birth: [] Vermont Driver's License Number: []

Total Number of Impaired Driving Offenses: []

IDRP School Status:

IDRP School Attended: [] Class #: [] Date Started: [] Date Completed: []

[] IDRP School completed and all program fees are paid.

According to the laws in Vermont, this individual is attending due to a:

- [] First offense
[] Second offense (Note: people with a second impaired driving offense are required to complete treatment)
[] Other offense

Treatment is:

- [] NOT required
[] Required at this time. See below. (Do not issue Completion Report to individual at this time.)
[] Required, and has been completed. No further treatment is necessary at this time. See below.

IDRP Evaluator (or designee) Signature: [] Date: []

[] IDRP School not completed due to the following reason(s):

Table with 3 columns and 3 rows of reasons for non-completion, including 'Absent a class', 'Failed Test', 'Attendance under the influence', etc.

Treatment Status:

[] Treatment program completed, and all program fees have been paid for a:

- [] First offense
[] Second offense
[] Other offense

IDRP Director (or designee) Signature: [] Date: []

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.