
Pilot Alcohol and Drug Recovery Program Aftercare Contract

This Aftercare Contract outlines my individual aftercare program for continuing recovery. I understand that it is offered by the FAA, the company, and the pilot's union as a special program to allow me to return to flying under monitoring. I acknowledge that I am solely responsible for the execution of this contract and for making use of any services recommended. I understand that I will need to involve others in my recovery to ensure the effectiveness of my aftercare program, and I agree to do so. I hereby give permission for the Aftercare Team, (made up of my Medical Sponsor, Aftercare Counselor, Chief Pilot, Alcoholism Consultant, and Peer Monitor) to contact others herein named for the purpose of furthering my recovery.

Name: _____ Effective Date: _____

Address: _____

Telephone Number: _____

Social Security Number: _____

Employee Number _____

I understand that all of the provisions of this contract will remain in effect until receipt of my "modification letter" from the FAA, releasing me from monitoring. I also understand I will be subject to random testing for an additional 24 months beyond the end of my monitoring period. ***The requirement for total abstinence will be a permanent condition of my holding an Airman's Medical Certificate.***

1. I, _____, agree to the terms specified in this Aftercare Contract. Periodically, the Contract will be reviewed and progress will be noted. I hereby grant the Aftercare Team the authority to modify the Aftercare Contract, as it deems necessary, based upon such reviews of my progress towards self-monitoring. Near the end of the minimum FAA monitoring period, my Aftercare Team will review my progress in order to determine whether or not to recommend that my monitoring under this contract be concluded.
2. I agree to completely abstain from any mood altering drugs (alcohol, sedatives, stimulants, narcotics, over-the-counter drugs, etc.) on or off duty, except on approval of _____* at _____. I specifically acknowledge that if I partake of any alcohol or drugs (other than those prescribed by my physician) during or after the period of my monitoring, on or off duty, my Airman's Medical Certificate will be immediately invalidated. Under such circumstances, I will not act as the pilot of any company aircraft.
3. As soon as possible after discharge from the treatment center, I will contact my Medical Sponsor, _____* at _____ at _____ (address).
4. I will make and attend appointments for psychiatric/psychological consultations as directed by _____ (Medical Sponsor)* approximately 30 days after my discharge from treatment or when directed.
5. As soon as possible after discharge from _____ (treatment center), I will schedule monthly appointments with _____ (Chief Pilot)* at _____ for counseling and monitoring of my aftercare program. At my monthly meetings, I will present a copy of my Pilot's Aftercare Log to my Chief Pilot and will obtain his initials in the log.

6. As soon as possible after discharge from treatment, I will schedule monthly appointments with _____ (Peer Monitor)* at _____ for counseling and monitoring of my aftercare program. If, for any reason, this meeting has to be conducted by telephone, I will note the reason for this in the log and obtain the peer monitor's initials at the next meeting.
7. I will schedule appointments with _____ (Aftercare Counselor)* at _____ for counseling and monitoring of my aftercare program as follows:
- Monthly appointments: From completion of treatment until receipt of the Special Issuance Letter (medical recertification) from the FAA.
 - Every other month appointments: Until one year after completion of treatment or for the next six months after recertification, whichever comes later.
 - Quarterly Appointments until completion of the monitoring period.
- The above schedule is considered a minimum and may be expanded by the Aftercare Team. All visits require Pilot's Aftercare Log entries.
8. I will attend the aftercare group meetings at _____ (time) on _____ (day of week) at _____ (location). I understand that I am to attend as many of these scheduled meetings as possible, and that I am to either get the initials of the meeting leader, or note the reason for my absence for each meeting in my Pilot's Aftercare Log. I understand that termination of my monitoring will not be recommended unless I have satisfied the Aftercare Team of my diligent efforts to attend these meetings. After medical recertification I will attend at least half of the meetings during each quarter, as an absolute minimum, over the period of my monitoring.
9. I will attend meetings of Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) on a daily basis for at least three months and a minimum of 12 times per month thereafter. Daily attendance through medical recertification is recommended. The Aftercare Counselor will assist me in locating such meetings, which are listed in the aftercare plan. I will record the date, name of the AA/NA group, and the meeting location in my Pilot's Aftercare Log.
10. I agree to attend a special AA meeting, "Birds of a Feather," at its regular meeting place on a weekly basis, if available.
11. I agree to continue my education into the disease of alcoholism by attending educational lectures, seminars, and workshops as scheduled by participants involved in my aftercare program.
12. I agree to select and communicate with my AA/NA sponsor(s) at least three times per week, noting the date and the duration of the communication in my Pilot's Aftercare Log.
13. I agree to be available for random blood alcohol level tests, ETG tests, PeTH tests, and/or drug screens at any time upon notice by a contracted lab, my Medical Sponsor*, or my Chief Pilot*. Upon discharge from treatment a copy of my monthly schedule will be provided to the contracted lab by the company. It is my responsibility to communicate changes to my schedule after the last business day at or prior to the 25th of each month. The lab will schedule me for testing. I have 4 hours to complete the requested testing procedure following notification. If my Aftercare Team decides I should acquire and carry a beeper to notify me of required testing I will do so.
14. I agree to attend annual continuing care treatment as scheduled by my treatment center for relapse prevention.
15. If my Aftercare Team finds my record of sick leave or other absence to be a potential problem, I will be directed to begin contacting my Chief Pilot* in advance of missing any work, and I will follow those directions as part of this contract.
16. I understand the crucial nature of this family disease. I will, therefore, encourage family participation in the recovery program, and facilitate it in any way I can.

17. I understand that when or if I transfer to another base, it is my responsibility to inform my Chief Pilot* that I am in a monitoring program, my status as of that date, and request that I be included in that base report.

18. I understand that strict compliance with all these provisions is mandatory, and noncompliance with any responsibility on my part may result in disciplinary action, up to and including termination by the company. I will comply with all requirements of my FAA special issuance. Any violation of any drug or alcohol restriction associated with my Airman's Medical Certificate will constitute a violation of this agreement.

19. I understand that for purposes of this contract, "alcoholism" shall be construed to include alcohol abuse.

20. I will attend meetings with the Director of Flying Operations*:

- As soon as possible after receiving the Special Issuance Letter from the FAA;
- Just prior to release from monitoring.

These meetings are for progress review and will include participation of the Aftercare Team. A letter from each member of the Aftercare Team and my Pilot's Aftercare Log will be required at each of these meetings.

*or his designee

Pilot's Signature: _____

Witness:

Back to Work Meeting	
Date	Pilot
Director – Flying Operations*	
End of Monitoring Meeting	
Date	Pilot
Director – Flying Operations*	