



TENNESSEE PHARMACY RECOVERY NETWORK  
EXTENDED AFTERCARE CONTRACT  
AMENDMENT TO CHANGE TPRN ADVOCATE

Effective \_\_\_\_\_, 20\_\_ the following TPRN  
advocate will assume supervision responsibility for my extended  
aftercare program. \_\_\_\_\_

\_\_\_\_\_  
Participant – Printed Name

\_\_\_\_\_  
Participant – Signature

\_\_\_\_\_  
Date Signed

Drug(s) of Choice:

\_\_\_\_\_  
Sobriety Date

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature  
TPRN Director

\_\_\_\_\_  
Signature  
TPRN Advocate