

Substance-Free Attestation and Acknowledgment of Substance-Free Workplace Policy

Consistent with our mission and values, this healthcare facility is committed to providing a workplace free of illegal drug use and unauthorized prescription drug use.

Pursuant to federal law and rules promulgated by the U.S. Department of Drug and Alcohol Enforcement, the facility must obtain information from students/instructors about past illegal drug use and unauthorized prescription drug use as part of the facility's comprehensive caregiver (employee) drug screening program.

Within the past three (3) years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician?

☐ **Yes**

☐ **No**

Please provide details:

- ☐ By my signature below, I agree to abide by the Substance-Free Workplace policy that prohibits any drug whose use is prohibited or restricted by federal or state law, including but not limited to marijuana/THC (including medically prescribed marijuana), cocaine, opiates, amphetamines, phencyclidine (PCP) hallucinogens, methaqualone, barbiturates, narcotics, and any other substance included in schedules I-V, as defined by Section 812 of Title 21 of the United States Code; and I agree that I will not take any prescription medications in an unauthorized manner.
- ☐ Further, by my signature below, I understand that any violation of the Substance Free Workplace Policy will be grounds for corrective action, up to and including immediate termination of Clinical Education Experience.

Student's Name (Please Print)

Student's Signature

Date

Assigned Ministry (Facility) | Department