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Explain details of any checked miscellaneo	us item:
Other observations: (List any other observ detail).	ations not included in this checklist. If accident, please provide
Corroborating witnesses: (List names and s	statements of all witnesses).
Student's explanation for these behaviors	and/or other statements:
Action plan:	
Drug screen is required	No further action at this time
Drug screen is not required	Other (please describe below)
Provide explanation of action plan below.	
Inform student if a drug screen is required	and check one of the below statements.
Student agrees to be tested	Student does not agree to be tested

<u>Agreement:</u> In the case of agreement, the program director or designee will inform the Dean and the closest designated laboratory of the requirement and the student must report to that closest designated laboratory within the required timeframe (immediately to up to 2 hours, depending upon program policy). However, the student may not drive to the screening facility but is responsible for arranging his/her own transportation and transportation costs.

The student may not attend class, practicum, clinical rotation, internship, externship, or any other program related activity until approval is granted by the Program Director. Such approval can only be granted after reviewing the drug screen results and verifying that they are negative and/or otherwise cleared. A positive drug screen will result in the enforcement of appropriate actions and penalties, as per the program policy.

<u>Failure to Agree:</u> Failure to agree to, or show up for, this testing is considered admission of student's drug use and failure to comply with the program policy, and will be sufficient cause for implementation of any and/or all sanctions/consequences allowed as per the program drug screening policy.

<u>Failure to Sign Refusal to Test:</u> Failure to sign indicating refusal to test is grounds for immediate dismissal from the program and referral to the Dean of Students.

Student (Print)	Student (Signature)		Date	
Witness (Print)	Witness (Signature)	Position	Date	
, ,	o test, and refuses to sign above, ple			
Program Director/Designee/Site Supervisor (circle one) Print and Sign			Date	
Witness (who must be a	 Date			