

# APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Name of employer \_\_\_\_\_

Date program implemented \_\_\_\_\_ Policy number \_\_\_\_\_

## Testing:

Procedures for drug testing established and/or drug testing conducted in the following areas:

- Job applications  Routine fitness for duty  
 Reasonable suspicion  Follow-up to Employee Assistance Programs

## Notice of Employer's Drug-Testing Policy:

- Copy to all employees prior to testing  Show notice of drug testing on vacancy announcements  
 Posted on employer's premises  Copies available in personnel office or other suitable locations  
 Copy to job applicants prior to testing  No notice required because the employer had a drug-testing program in place prior to this rule's effective date  
 General notice given 60 days prior to testing

## Education:

- Resource file on providers  
 Employee Assistance Programs  
 Annual education course

Name of Medical Review Officer \_\_\_\_\_

A. Name of approved Department of Health and Rehabilitative Service Lab or NIDA-approved lab:

\_\_\_\_\_

B. Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

C. Address \_\_\_\_\_

**Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.**

\_\_\_\_\_  
*Employer name*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Type or print name of officer/owner*

\_\_\_\_\_  
*Signature of officer/owner\**

\_\_\_\_\_  
*Title*

**The above-signed certifies that this information is a true and factual depiction of their current program.**

\*Application must be signed by an officer or owner.

## To be completed by notary public:

State of \_\_\_\_\_ County of \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_.

He/she is personally known to me or has produced \_\_\_\_\_ as identification.

\_\_\_\_\_  
*Signature of notary public*

*(Notary seal)*

\_\_\_\_\_  
*Type or print name of notary public*

My commission expires \_\_\_\_\_