Drug Screen Instructions

The University of the Cumberlands Physician Assistant Program is committed to providing a drug-free, healthful, safe, and secure environment, and has implemented a drug and alcohol abuse, prevention, screening and assistance program. This involves a mandatory drug screen for all incoming students to the Program.

To ensure the accuracy and fairness of our testing program, all testing will be conducted according to DHHS/SAMHSA guidelines where applicable and will include a screening test; a confirmation test; the opportunity for a split sample; review by a Medical Review Officer, including the opportunity for students who test positive to provide a legitimate medical explanation, such as a physician’s prescription for the positive result; and a documented chain of custody. All drug-testing information will be maintained in separate confidential records.

The substances that will be tested for are: THC/marijuana, cocaine, PCP, opiates, methamphetamines, methadone, amphetamines, barbiturates, benzodiazepines, tricyclic antidepressants, and alcohol.

Please follow the below instructions to have this process complete at least two weeks before the first day of class so that results are obtained before matriculation occurs.

1. Contact Williamsburg Occupational Health Clinic to schedule a time for your testing. (606) 549-1183, 118 South 3rd St. Williamsburg, KY 40769
2. Fill out the attached form and bring it with you on the day of your drug screen.

Please have this process complete as soon as it can be scheduled, well before the matriculation date, if possible. The results will be sent directly to the registrar’s office and will not be viewed by Program personnel. If a student fails the drug screen he will be notified by telephone and his admission invitation may be revoked if he cannot provide legitimate medical explanation in writing from the student’s primary medical provider.
STUDENT AGREEMENT AND CONSENT TO DRUG AND/OR ALCOHOL SCREENING

I hereby agree, upon a request made under the drug/alcohol testing policy of University of the Cumberlands, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under this policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate disciplinary action. I further authorize and give full permission to have the college and/or its designated representative send the specimen or specimens so collected to a laboratory for a screening test for the presence of any prohibited substances under the policy, and for the laboratory or other testing facility to release any and all documentation relating to such test to the College and/or to any governmental entity involved in a legal proceeding or investigation connected with the test. Finally, I authorize the College to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.

I understand that only duly-authorized College officers and agents will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make decisions and to respond to inquiries or notices from government entities.

I will hold harmless the College, its designated representative, and any testing laboratory the College might use, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including any kind of adverse college sanction or disciplinary action that might arise as a result of the drug or alcohol test, even if a College, laboratory or designated representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the College, its designated representative, and any testing laboratory the College might use for any alleged harm to me that might result from the release or use of information or documentation relating to the drug or alcohol test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE UNIVERSITY WILL REQUIRE A DRUG SCREEN TEST UNDER THIS POLICY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR ALCOHOL.

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Signature of Student  Date