

**Purdue University Northwest College of Nursing
Drug Testing**

**Acknowledgment and Consent Form for Nursing Students –
Purdue University Northwest College of Nursing
Student Drug Testing Policy**

By signing below, I (print name) _____,
First, M.I., Last P.U. ID #

acknowledge that:

- (1) I have received a copy of the Purdue University Northwest College of Nursing Student Drug Testing Policy Prior to Participation in Clinical Activities (“Policy”), which explains that a drug test is required with a negative test result before the commencement of clinical activities in the College of Nursing program.
- (2) I agree to be tested for drugs as specified in the College’s Nursing Student Handbook.
- (3) If my drug test result is positive, I will be given a reasonable opportunity to confer with the College of Nursing Dean regarding the test results
- (4) In order to be eligible to engage in any clinical activities associated with the College of Nursing, my drug test must be negative; and
- (5) If my drug test is positive, the Policy explains the potential consequences.
- (6) If I am charged with a crime, even if dismissed or test positive for a drug or controlled substance, other than those obtained legally and legitimately during the year, I must submit a revised Annual Background Check and Drug Screen within 5 business days of the incident or prior to my next clinical day.

Student’s Signature

Date

Printed Name

Printed Name

Witnessed by: _____
Signature

Date

Printed Name