



COLLEGE of  
NURSING

EAST TENNESSEE STATE UNIVERSITY

*Consent to Drug/Alcohol Testing*

**Statement of Acknowledgment and Understanding  
Release of Liability**

I, \_\_\_\_\_ am enrolled in the College of Nursing at East Tennessee State University. I acknowledge receipt and understanding of the institutional policy with regard to drug and alcohol testing, and the potential disciplinary sanctions which may be imposed for violation of such policy as stated in the College of Nursing Student Handbook.

I understand the purpose of this policy is to provide a safe working and learning environment for patients, students, clinical and institutional staff, and property. Accordingly, I understand that prior to participation in the clinical experience, I may be required to undergo drug/alcohol testing of my blood or urine. I further understand that I am also subject to testing based on reasonable suspicion that I am using or am under the influence of drugs or alcohol.

I acknowledge and understand the intention to test for drugs and/or alcohol and agree to be bound by this policy. I hereby consent to such testing and understand that refusal to submit to testing or a positive result of the testing may affect my ability to participate in a clinical experience, and may also result in disciplinary action up to and including dismissal from East Tennessee State University.

If I am a Tennessee licensed health professional, I understand that the Tennessee Professional Assistance Program (TNPAP) will be contacted if I refuse to submit to testing or if my test result is positive. If I am licensed to practice nursing in Tennessee through the Nurse Licensure Compact, I will be reported to the peer/professional assistance program in my state of residence. Full reinstatement of my license would be required for unrestricted return to the PhD program in the College of Nursing.

My signature below indicates that:

- 1.) I consent to drug/alcohol testing as required by clinical agencies or TNPAP or peer/professional assistance program, or as directed by the Office of Student Affairs, East Tennessee State University.
- 2.) I authorize the release of all information and records, including test results relating to the screening or testing of my blood/urine specimen, to the Office of Student Affairs, the Dean of the College of Nursing, and others deemed to have a need to know.
- 3.) I understand that I will be required to pay a fee of \$15.00 to TNPAP after admission to the major and that I am responsible for payment of any required drug or alcohol screens. Nurses licensed in Tennessee will not have to pay an additional fee to TNPAP. Nurses licensed through the Nurse Licensure Compact with privileges to practice in Tennessee will not have to pay an additional fee to TNPAP.

4.) I understand that I am subject to the terms of the general regulations on student conduct and disciplinary sanctions of East Tennessee State University and the Policy Statement on Drug-Free Campus of East Tennessee State University, as well as, federal, state and local laws regarding drugs and alcohol.

5.) I hereby release and agree to hold harmless East Tennessee State University and the Tennessee Board of Regents, their officers, employees and agents from any and all action, claim, demand, damages, or costs arising from such test(s), in connection with, but not limited to, the testing procedure, analysis, the accuracy of the analysis, and the disclosure of the results.

My signature indicates that I have read and understand this consent and release, and that I have signed it voluntarily in consideration of enrollment in the College of Nursing.

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Student's Signature

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Date