

**VIRGINIA
APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Name of Employer: _____

Date Program Implemented: _____ Policy# _____

Testing:

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

_____ Job applications _____ Reasonable suspicion

Notice of Employer's Drug Testing Policy:

_____ Copy to all employees prior to testing

_____ Posted on employer's premises

_____ Copy to job applicants prior to testing

_____ General notice given 60 days prior to testing

Education:

_____ Resource file on providers

_____ Employee Assistance Program

_____ Routine fitness for duty

_____ Follow-up to Employee Assistance Programs

_____ Show notice of drug testing on vacancy announcements

_____ Copies available in personnel office or other suitable locations.

_____ No notice required because the employer had a drug testing program in place prior to rules effective date

_____ Annual education course

Name of Medical Review Office:

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

Phone: _____ Contact: _____

Address: _____

I certify that the above information is accurate and that I may be subject to additional premium charge if it is determined that there is any misrepresentation of the established drug-free workplace program criteria.

_____ Employer Name

_____ Title

Office / Owner Signature*

Today's Date

*Application must be signed by an officer or owner and must be refiled annually to recertify for premium credit.

THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.

Signature of Notary Public

Name of Notary Public (print your name) _____

SEAL

Notary Public, State of Virginia

My commission expires: _____