Certified Medication Technician (CMT) Admissions Process

To be considered for the CMT Program, you must be at least 18 years old, be currently employed as a Certified Nurse’s Assistant with at least six months verifiable experience, and have a high school diploma or high school equivalency (HiSET/GED).

<table>
<thead>
<tr>
<th>Steps</th>
<th>What To Do</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Application</strong></td>
<td>Obtain CMT application packet</td>
</tr>
<tr>
<td>☐</td>
<td>CTE Building Room 101 Or call: (636) 481-3144</td>
</tr>
<tr>
<td>☐</td>
<td>Jefferson College Or email: <a href="mailto:workforce@jeffco.edu">workforce@jeffco.edu</a></td>
</tr>
<tr>
<td>☐</td>
<td>1000 Viking Drive, Hillsboro, MO</td>
</tr>
<tr>
<td>☐</td>
<td>Meet with a representative at your local Missouri Job Center to register to take Work Keys Assessment and discuss funding options.</td>
</tr>
<tr>
<td></td>
<td>Work Keys takes about 3 ½ hours and covers the areas below:</td>
</tr>
<tr>
<td></td>
<td>Applied math Score required: 3</td>
</tr>
<tr>
<td></td>
<td>Graphic literacy Score required: 3</td>
</tr>
<tr>
<td></td>
<td>Workplace documents Score required: 4</td>
</tr>
<tr>
<td></td>
<td>Work Keys is FREE. A practice test is available online, once you have registered.</td>
</tr>
<tr>
<td></td>
<td>Locations: Find your local Job Center at: <a href="https://jobs.mo.gov/career-centers">https://jobs.mo.gov/career-centers</a></td>
</tr>
<tr>
<td></td>
<td>Or visit Arnold Job Center 1-800-292-1314; 3675 West Outer Road, Suite 101, Arnold, MO.</td>
</tr>
<tr>
<td>☐</td>
<td>Turn in completed and SIGNED application, including:</td>
</tr>
<tr>
<td></td>
<td>☐ All forms in application packet</td>
</tr>
<tr>
<td></td>
<td>☐ Work Keys scores</td>
</tr>
<tr>
<td></td>
<td>☐ Copy of driver’s license</td>
</tr>
<tr>
<td></td>
<td>☐ Copy of Social Security card</td>
</tr>
<tr>
<td></td>
<td>☐ Third-party pay letter, if applicable</td>
</tr>
<tr>
<td></td>
<td>☐ Copy of high school diploma/HiSET or official high school transcript</td>
</tr>
<tr>
<td></td>
<td>☐ Letter of recommendation from current DON or agency administrator</td>
</tr>
<tr>
<td></td>
<td>☐ <strong>Application fee ($99).</strong> Application fee can be paid in form of VISA/Mastercard/Discover card, credit or debit card, cashier’s check, or cash. Personal checks are not accepted. Payment plans are not available.</td>
</tr>
<tr>
<td>☐</td>
<td>Send all materials to <a href="mailto:workforce@jeffco.edu">workforce@jeffco.edu</a></td>
</tr>
<tr>
<td>Steps</td>
<td>What To Do</td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Family Care Safety Registry</td>
<td>If you are not currently registered for the Family Care Safety Registry, you can sign up on-line at: <a href="https://health.mo.gov/safety/fcsr/">https://health.mo.gov/safety/fcsr/</a>.</td>
</tr>
<tr>
<td>☐</td>
<td>The cost is approximately $15.25.</td>
</tr>
<tr>
<td>Alcohol/drug screening</td>
<td>Complete alcohol and drug screen at Risse Counseling. Contact <a href="mailto:workforce@jeffco.edu">workforce@jeffco.edu</a>  Results will be sent to our office.</td>
</tr>
<tr>
<td>☐</td>
<td>Location: Risse Counseling 101 East Main Street, Festus, MO 63028.</td>
</tr>
<tr>
<td>Tuition</td>
<td>Tuition = $870 due no later than the day before classes begin.  Tuition can be paid in form of VISA/Mastercard/Discover, credit or debit card cashier’s check, or cash. Personal checks are not accepted. Payment plans are not available.  If third party is paying for tuition, a letter must be submitted with application. Sample copy of letter is in the application packet.</td>
</tr>
<tr>
<td>☐</td>
<td>☐ 3” – 3 ring binder for CMT Training Manual  ☐ Watch with a second hand for checking vitals  ☐ 100 4” x 6” index cards</td>
</tr>
<tr>
<td>Required Books</td>
<td>Students do not have to buy the textbooks for this class. Textbooks will be loaned to students for the duration of the class.</td>
</tr>
<tr>
<td>☐</td>
<td>Students will pick up the required books from the Workforce and Employment Services Office, Room 101 CTE Building, on the Hillsboro Campus of Jefferson College.</td>
</tr>
<tr>
<td>☐</td>
<td>Students will be notified approximately one week prior to the beginning of class with the dates and times they can pick up their books.</td>
</tr>
</tbody>
</table>

This course is approximately 8 weeks long and is rigorous. 100% attendance is required to successfully complete the program. Please plan accordingly. Students needing a clinical make-up will be charged $30/hour for the clinical instructor’s time.

An optional one-week Insulin administration class is available for $125.
Application for Admission

CERTIFIED MEDICATION TECHNICIAN (CMT)

Jefferson College Workforce & Employment Services
1000 Viking Drive • Hillsboro, MO 63050-2441
(636) 481-3143 • TDD (636) 789-5772 • www.jeffco.edu

LAST FIRST MI PREVIOUS NAME

CURRENT ADDRESS CITY, STATE, ZIP CODE

HOME PHONE CELL PHONE

EMAIL SOCIAL SECURITY NUMBER

It is the policy of Jefferson College that no person shall, on the basis of age, ancestry, color, creed, disability, gender, national origin, race, religion, or veteran status, be subject to discrimination in employment or in admission to any educational program or activity of the College. Please note: If accommodations for a disability are needed, please contact Christine Platter at (636) 481-3148. TDD users may call (636)789-5772. The contents of this application are provided for informational purposes. The application is accurate at the time of printing but is subject to change. Any such changes may be implemented without prior notice and are effective when made. Jefferson College reserves the right to terminate programs for financial or other reasons which the College determines warranted. The programs, services, or other activities of the College may be terminated at any time due to reasons beyond the control of the College, including—but not limited to—acts of God, natural disasters, destruction of premises, labor disturbances, governmental orders, or financial insolvency.

The CMT program is approved by the Missouri Department of Health & Senior Services.
All application materials must be returned to Jefferson College’s Workforce and Employment Services Office.

Are you currently employed as a CNA?  [ ] Yes  [ ] No

Do you have at least six months of verifiable CNA work history?  [ ] Yes  [ ] No

Do you have a high school diploma or HiSET (GED)?  [ ] Yes  [ ] No

The State of Missouri requires CMT candidates possess a high school diploma or HiSET/GED to be considered for the CMT Program. You will need to provide copy of diploma or official school transcript.

THE ESSENTIAL FUNCTIONS OF THE CMT

Satisfactory completion of the Jefferson College Certified Medication Technician Program is contingent upon my being physically, mentally, and medically able, with or without reasonable accommodation, to perform successfully the essential functions necessary in the role of the CMT.

Following appropriate instruction and supervision of the charge personnel, the student will:

1. Prepare and distribute medications to designated patients following physician orders.
2. Accurately notate medication distribution using agency’s designated tracking system (paper or electronic).
3. Observe, take, and record patient’s vital signs and report any changes to appropriate personnel.
4. Safely dispose of medication and accurately record.

Do you believe you would be able to perform the above listed essential functions, which are necessary in the role of a CMT for which you are applying?  [ ] Yes  [ ] No

If you answered NO to the above, are there any reasonable accommodations that you believe can be made that would permit you to perform the essential functions necessary in the role of a CMT? Please answer in the space provided below.

I have read the above statement and have answered to the best of my knowledge.

___________________________ _________________ _____________________________
Signature of Applicant     Date

In order to have a complete file, you must read and sign this form and return it to the Jefferson College Business & Workforce Development Office.
Jefferson College CMT Program Application

EMERGENCY INFORMATION

Emergency Contact: _______________________________ Phone #: ____________________
Physician: _______________________________ Phone #: ____________________
Allergies: ____________________________________________________________________

PROGRAM FOR WHICH YOU ARE APPLYING: FALL: _____ SPRING: _____ SUMMER: ______

Please make sure that all sections of this application are complete with accurate up-to-date information.

PLEASE NOTE:

• Applicants must complete WorkKeys Assessment at a Missouri Job Center in the following areas:
  o Applied Math – Level 3 required.
  o Graphic Literacy – Level 4 required.
  o Workplace Documents – Level 4 required.
  o WorkKeys assessments is offered at no cost.

• Applicants must provide verification of high school diploma or HiSET/GED.

• Applicants must provide a letter of recommendation from Director of Nursing or Agency Administrator as part of CMT application process.

• Files will not be reviewed unless all admission information requested is present.

• Contact the Workforce & Employment Services Office with change of address.

• Students may not use Title IV Funds, including Pell Grants or Student Loans, to pay for this course. Contact your local Missouri Career Center to inquire about alternate funding eligibility.
ENTRANCE REQUIREMENT

WRITE A SHORT ANSWER TO THE FOLLOWING QUESTION:

Why do you want to be a Certified Medication Technician?

_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________
_______________________________________________________________________________________

PROGRAM REQUIREMENT

I UNDERSTAND ACCEPTANCE INTO THE CMT PROGRAM IS COMPETITIVE. AN APPLICANT MUST BE AT LEAST 18 YEARS OF AGE, HAVE A NEGATIVE CRIMINAL BACKGROUND CHECK, A NEGATIVE DRUG/ALCOHOL TEST, AND MEET THE ESSENTIAL FUNCTIONS OF A CMT. ACCEPTANCE INTO THE CMT PROGRAM DOES NOT GUARANTEE CERTIFICATION.

In applying for admission to the CMT program at Jefferson College, I hereby voluntarily waive my right of access as provided by Federal Law, PL 93-380, to confidential letters and statements of recommendation submitted by reference on my behalf.

_________________________   ____________________________
Signature of Applicant        Date
Jefferson College CMT Program
Employment Validation

I, ____________________________________, verify that I am currently employed as a CNA at:

______________________________________________________________________________
Name of Facility/Agency

I have worked as a CNA for at least six months and I understand that I must be employed as a CNA throughout the CMT Training. If I change my employment status, I understand I must report this immediately to the Program Coordinator and the Instructor. Failure to do so may result in my immediate dismissal from the CMT Program. I understand that I will not receive a refund for class tuition if I am removed from the program.

________________________________________________
Print Name

______________________________________________   Date:  _________________________
Signature

______________________________________________   Date:  _________________________
Program Coordinator Signature
This reference form pertains to ______________________________ who has made application for our Certified Medication Technician Program. The information included here is collected with the understanding that it is not shown nor quoted to the candidate. This reference will become the property of Jefferson College upon its receipt by the Coordinator of the CMT program. An honest and complete opinion will be most helpful to us. After completing, please place in envelope, seal and sign your name across the seal. Return sealed reference to the applicant. Sealed references must be turned in with CMT application. Note: CMT applicant will provide envelopes for their references.

1. How long have you known this individual? __________________________
2. How do you know this person (i.e. employee, colleague, friend)? ________________
3. Has this individual displayed traits that would indicate that he or she is interested in other individuals and their welfare? Yes ____ No _____. If yes, please give an example:

4. Has this individual been involved in community or school activities? Yes ____ No _____. If yes, please list those activities about which you know

5. From your experience with this individual, would you please rate him or her in the following characteristics?

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Integrity</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>b. Dependability</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>c. Punctuality</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>d. Initiative</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>e. Moral Character</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>f. Industrious</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
</tr>
<tr>
<td>g. Grooming</td>
<td>_____</td>
<td>_____</td>
<td>_____</td>
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</tbody>
</table>

If fair or poor, please explain:

(over please)
6. Would you employ this individual for a position that requires responsibility and stability? Yes ____ No ____.

7. Do you:
   a. ____ Recommend with enthusiasm
   b. ____ Recommend
   c. ____ Not recommend this applicant

Additional Comments:

Date: ____________________  Signature: _____________________________

Title/Occupation: ____________________________________________________

Please place in sealed envelope before giving to applicant and address to:
Workforce & Employment Services
CMT Program
Jefferson College
JEFFERSON COLLEGE CMT PROGRAM
BACKGROUND CHECK

As a requirement of the Jefferson College Certified Medication Technician Program (CMT) application process and in response to RSMo 660.317 and 660.315, students will be required to consent to release of their criminal history records as a condition of admission and/or re-admission to program as well as to determine the applicant’s ability to enter patient care areas in order to fulfill the requirements of the CMT program. The CMT Program Coordinator will receive the results of the criminal background inquiry. The results will remain confidential.

As stated:
RSMo 660.317 prohibits a hospital, or other provider, from knowingly allowing those who have been convicted of, pled guilty to or nolo contendere in this state or any other state or has been found guilty of crimes, which if committed in Missouri would be a Class A or B felony violation, to give care to clients in their agency. As defined by state law, these are violations of chapter RSMo 565 (domestic violence/violence against a person), RSMo 566 (sex offenses) or RSMo 569 (robbery, arson, burglary, or related offenses), or any violation of subsection 3 of section 198.070 RSMo (abuse and neglect), or section 568.020 RSMo (incest).

RSMo 660.315 requires an inquiry whether a person is listed on Missouri Department of Health and Senior Services disqualification list. In addition to these records, an on-line search will be conducted to determine if a student is on other government sanction lists. These on-line searches include Office of Inspector General (OIG) and the General Services Administration (GSA).

Any student found to have a positive criminal background check (Class A or Class B felony) as defined by state law, or on one of the governmental sanction lists, will be immediately dropped or withdrawn from the program.

A grade of “W” will be transcripted if prior to the College’s withdrawal date. A grade of “F” will be transcripted if the student is removed from the program following the College’s withdrawal date.

Students in clinical agencies are subject to the policies of Jefferson College and must also abide by the policies of the agency in which they are assigned as a CMT. A student may be required to have additional testing. Any student who refuses to submit to initial or subsequent testing will be dismissed from the CMT program.

Students must abide by the terms of the above policy and must report any conviction under a criminal statute for any violations occurring on or off College premises. A conviction must be reported within five (5) days after the conviction. Students convicted of involvement in a criminal offense may be dismissed from the CMT program.

Criminal background check procedure:
1) All students will be tested upon conditional acceptance into the CMT program.
2) Testing expenses are included in the student’s fees.
3) Students who test positive for a Class A or B felony and/or governmental sanction lists will be ineligible to continue and will be dropped or withdrawn from the program if the withdrawal deadline has not passed.
4) All initial criminal background testing must be completed 30 days prior to the start of classes.
5) Failure to complete a criminal background check by the specified date will result in the student’s dismissal from the CMT program.
6) Any discipline called for pursuant to the College’s criminal background policies for CMT students will be governed by the “Rules of Procedure in the Student Disciplinary Matters” as they appear in the Jefferson College Student Handbook.

02_04_20
As part of the student clinical affiliation, I ____________________________

Applicant’s Name (Please Print)

consent to the release of any criminal background records by the Missouri State Highway Patrol and any other agency that provides such information, and to the conduct of an investigation and obtaining of information including Employer Disqualification List (EDL), Department of Family Services (DFS), and Office of Inspector General (OIG).

The information received by the Coordinator of the Jefferson College CMT Program will remain confidential and will be used for the sole purpose to determine my ability to enter patient care areas in order to complete the requirements of the CMT program.

I also understand if my criminal history prohibits my placement in the clinical setting, I will not be able to complete the CMT program at Jefferson College.

Full name (Print): ___________________________ SSN: ___________________________

Previous name(s): ___________________________ (include all last names you have been known as)

Address: __________________________________________________________________________

Street Address City State Zip

Date of birth: ___________________________ Place of birth: _________________________

Signature: ___________________________ Date: ___________________________
BACKGROUND CHECK ADVANTAGE - Request Form

Background Check Advantage
P.O. Box 6766, Jefferson City, MO 65102
Phone: 573/893-3700 Fax: 573/893-7669

Jefferson College – Lore Robart, Secretary Business & Community Development
1000 Viking Drive, Hillsboro, MO 63050
Ph: 636-481-3144 Fax: 636-789-4012

First Name Middle Name Last Name

Alias/Maiden Name(s)

Will Employee's Salary Exceed $75,000?

☐ No  ☐ Yes

Social Security Number Date of Birth Race Gender

☐ Male  ☐ Female

Mailing Address (NO P.O. Boxes)

City State Zip

As part of the ☐ employment ☐ volunteer ☐ student ☐ credentialing process, I consent to the release of my criminal background records and motor vehicle driving records or any search listed below by any and all states or agencies holding such records. I also agree to an investigation and the obtaining of a consumer report solely for ☐ employment ☐ volunteer ☐ student ☐ credentialing purposes. By signing this consent, I acknowledge I have received in writing a Disclosure Regarding Procurement of a Consumer Report. I understand that the Company named above may use this consent on multiple occasions to request such consumer reports.

________________________________________________________

SIGNATURE OF APPLICANT

DATE: ______ / ______ / ______

BACKGROUND SEARCHES

☐ OIG (Medicare/Medicaid Fraud & Abuse) ☐ GSA (Federal Procurement Fraud) ☐ ** FCSR (Must Fax Necessary Documents)

☐ SSN Verification Plus (Address & Alias Name are included) ☐ Address Verification ☐ Alias Name Search

☐ Government Watch List (includes DOC Entity List & Denied Persons List, DOT Specially Designated Nationals & Blocked Persons List, DOS Prohibition List & more)

☐ Warrants & Warrants (Nationwide - extraditable only)

☐ OFAC (Specially Designated Nationals and Blocked Persons List)

☐ *MO DSS (Child Abuse/Neglect) - Need Address/No P.O. Boxes

☐ *MO Mental Health Employee Disqualification Registry

☐ TN Abuse Registry

☐ MO EDL (Employee Disqualification List)

☐ FEDERAL COURTS - Criminal

State 1: _______ 2: _______ SEX OFFENDER ☐ Nationwide or ☐ State ______

☐ DRIVING RECORD State ______ DL#

☐ PROFESSIONAL LICENSE ☐ National or ☐ State ______

Type: ______________________ License Number: ______________________

☐ EDUCATION School Name (include campus):

City/State: ______________________ / ______ Major: ______________________ Graduation Date: ______ / ______

Degree Type: ______________________ (BSN, B.A., etc.) Name While Attending:

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

☐ EMPLOYMENT Company: ______________________

City/State: ______________________ / ______

Phone: _____ / _____ Manager: ______________________ Start Date: _____ / _____ End Date: _____ / _____

Title: ______________________

Starting Wage:$ ______________________ Ending Wage:$ ______________________

Duties:

If additional Verifications are needed, refer to application during data entry or document on another Background Check Request Form.

LIST CITY/COUNTY CRIMINAL SEARCHES NEEDED

States with county by county access only: CA, WV and WY

County 1: __________ State: __________ County 2: __________ State: __________ County 3: __________ State: __________

STATEWIDE CRIMINAL - A Statewide/State Repository houses records from all jurisdictions throughout the State

☐ AL* ☐ AK ☐ AZ ☐ AR* ☐ CO ☐ CT* ☐ DE ☐ DC* ☐ FL ☐ GA*

☐ HI ☐ ID** ☐ IN ☐ IA** ☐ KS ☐ KY ☐ LA* ☐ MA ☐ ME ☐ MD

☐ MI ☐ MN ☐ MS* ☐ MT ☐ NE ☐ NV* ☐ NH** ☐ NJ ☐ NM* ☐ NY*

☐ NC ☐ ND ☐ OH ☐ OK ☐ OR* ☐ PA ☐ RI* ☐ SC ☐ SD ☐ TN

☐ TX ☐ UT* ☐ VA* ☐ VT* ☐ WA ☐ WI

Note: Louisiana, Nevada & Ohio are Felony Only

☐ *Puerto Rico Repository (Felony Only Search & requires Mother's Maiden Name & Address)

☐ Illinois Healthcare-compliance with IL Healthcare Worker Background Check Act (IL Police Full-State Repository Criminal)

☐ MO-includes MO Sex Offender Search at no additional cost (MO State Highway Patrol Full-State Repository Criminal)

*Required Form(s) & **Required Special Form(s) must be ATTACHED when ordering or faxed to 573-893-7669
A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under FCRA. For more information, including information about additional rights, go to www.consumerfinance.gov/learnmore or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

• **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.

• **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

  In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.consumerfinance.gov/learnmore for additional information.

• **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.

• **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer
reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.

- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.

- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.

- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

- **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- The following FCRA right applies with respect to nationwide consumer reporting agencies:

  **CONSUMERS HAVE THE RIGHT TO OBTAIN A SECURITY FREEZE**

  **You have a right to place a “security freeze” on your credit report, which will prohibit a consumer reporting agency from releasing information in your credit report without your express authorization.** The security freeze is designed to prevent credit, loans, and services from being approved in your name without your consent. However, you should be aware that using a security freeze to take control over who gets access to the personal and financial information in your credit report may delay, interfere with, or prohibit the timely approval of any subsequent request or application you make regarding a new loan, credit, mortgage, or any other account involving the extension of credit.

  As an alternative to a security freeze, you have the right to place an initial or extended fraud alert on your credit file at no cost. An initial fraud alert is a 1-year alert that is
placed on a consumer’s credit file. Upon seeing a fraud alert display on a consumer’s credit file, a business is required to take steps to verify the consumer’s identity before extending new credit. If you are a victim of identity theft, you are entitled to an extended fraud alert, which is a fraud alert lasting 7 years.

A security freeze does not apply to a person or entity, or its affiliates, or collection agencies acting on behalf of the person or entity, with which you have an existing account that requests information in your credit report for the purposes of reviewing or collecting the account. Reviewing the account includes activities related to account maintenance, monitoring, credit line increases, and account upgrades and enhancements.

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:
<table>
<thead>
<tr>
<th>TYPE OF BUSINESS:</th>
<th>CONTACT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a. Banks, savings associations, and credit unions with total assets of over $10 billion and their affiliates</td>
<td>a. Consumer Financial Protection Bureau</td>
</tr>
<tr>
<td></td>
<td>1700 G Street, N.W.</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20552</td>
</tr>
<tr>
<td>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</td>
<td>b. Federal Trade Commission</td>
</tr>
<tr>
<td></td>
<td>Consumer Response Center</td>
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<td>600 Pennsylvania Avenue, N.W.</td>
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<td>Washington, DC 20580</td>
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<td>(877) 382-4357</td>
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<td>2. To the extent not included in item 1 above:</td>
<td>a. Office of the Comptroller of the Currency</td>
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<td>a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks</td>
<td>Customer Assistance Group</td>
</tr>
<tr>
<td></td>
<td>1301 McKinney Street, Suite 3450</td>
</tr>
<tr>
<td></td>
<td>Houston, TX 77010-9050</td>
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<tr>
<td>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act.</td>
<td>b. Federal Reserve Consumer Help Center</td>
</tr>
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<td>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</td>
<td>c. FDIC Consumer Response Center</td>
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<td>d. Federal Credit Unions</td>
<td>d. National Credit Union Administration</td>
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<td>Office of Consumer Financial Protection (OCFP)</td>
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<td>Division of Consumer Compliance Policy and Outreach</td>
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<tr>
<td></td>
<td>1775 Duke Street</td>
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<tr>
<td></td>
<td>Alexandria, VA 22314</td>
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<td>3. Air carriers</td>
<td>Asst. General Council for Aviation Enforcement &amp; Proceedings</td>
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<td>Aviation Consumer Protection Division</td>
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<td></td>
<td>Department of Transportation</td>
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<td></td>
<td>1200 New Jersey Avenue, S.E.</td>
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<td></td>
<td>Washington, DC 20590</td>
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<td>4. Creditors Subject to the Surface Transportation Board</td>
<td>Office of Proceedings, Surface Transportation Board</td>
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<td></td>
<td>Department of Transportation</td>
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<td></td>
<td>395 E Street, S.W.</td>
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<td>Washington, DC 20423</td>
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<td>5. Creditors Subject to the Packers and Stockyards Act, 1921</td>
<td>Nearest Packers and Stockyards Administration area supervisor</td>
</tr>
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<td>6. Small Business Investment Companies</td>
<td>Associate Deputy Administrator for Capital Access</td>
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<tr>
<td></td>
<td>United States Small Business Administration</td>
</tr>
<tr>
<td></td>
<td>409 Third Street, S.W., Suite 8200</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20416</td>
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<tr>
<td>7. Brokers and Dealers</td>
<td>Securities and Exchange Commission</td>
</tr>
<tr>
<td></td>
<td>100 F Street, N.E.</td>
</tr>
<tr>
<td></td>
<td>Washington, DC 20549</td>
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<tr>
<td>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations</td>
<td>Farm Credit Administration</td>
</tr>
<tr>
<td></td>
<td>1501 Farm Credit Drive</td>
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<td></td>
<td>McLean, VA 22102-5090</td>
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<tr>
<td>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</td>
<td>Federal Trade Commission</td>
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<td>Consumer Response Center</td>
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<td>600 Pennsylvania Avenue, N.W.</td>
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<td>Washington, DC 20580</td>
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<td>(877) 382-4357</td>
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JEFFERSON COLLEGE CMT PROGRAM
DRUG and ALCOHOL SCREENING

To ensure compliance with Jefferson College policy, all CMT students will be screened for drugs, alcohol, and other controlled substances:

1. as a condition of admission or re-admission into the CMT Program,
2. at any time upon reasonable suspicion, and
3. at any time upon random selection during your enrollment in the CMT Program.

Students in clinical agencies are subject to the policies of Jefferson College, and must also abide by the policies of the agency in which they are assigned as a medication technician. A student may be required to have alcohol or drug testing alone or in combination.

A positive test will result in immediate dismissal from the CMT Program. If an illegal substance, controlled substance, or alcohol test is positive, a second test on the same specimen will be performed to confirm the initial result. Any confirmed alcohol result above 0% will be considered positive. A positive test result on the confirming test will result in immediate dismissal from the CMT Program.

When a student is dismissed from the program, a grade of “W” will be transcripted if prior to the College’s withdrawal date. A grade of “F” will be transcripted if the student is removed from the program following the College’s withdrawal date.

Any student who refuses to submit to initial or subsequent testing will be dismissed from the CMT Program.

The CMT Program Coordinator must authorize reasonable suspicion testing on a student before such a test is administered. In the absence of the Coordinator, the Director of Business and Community Development or designated administrator may authorize a test. Reasonable suspicion may include, but not be limited to: accidents and injuries caused by human error, unusual or serious violations of rules, secured drug supply disappearance, irrational or extreme behavior, or unusual inattention or personal behavior, such as smelling of alcoholic beverages.

Students must abide by the terms of the above policy and must report any conviction under a criminal drug statute for violations occurring on or off College premises. A conviction must be reported within five (5) days after the conviction. Students convicted of involvement in a criminal drug offense or alcohol offense will be dismissed from the CMT Program.

Dismissed students will be reconsidered for admission one time. Dismissed students will be eligible for consideration of readmission to the CMT Program upon successful completion and documented evidence of treatment remedying the rationale for dismissal following no less than a one year hiatus.

Drug and Alcohol Screening Procedures

1. All students must be drug and alcohol tested upon conditional acceptance into the CMT program. Students may be retested at any time during the program.

2. Students who test positive for illegal substances, controlled substance and/or alcohol will be ineligible to continue and will be dropped or withdrawn from the program if the withdrawal deadline has not passed.*
3. After a positive drug and/or alcohol screen, no student will be permitted to apply for CMT admission or re-admission again for a period of one year.

4. Readmission after a positive drug and/or alcohol screen or refusal to submit to initial or subsequent testing will require three negative screens: one screen will be done prior to admission and two random screens will be done during the program.

5. All initial drug and/or alcohol screening must be completed as instructed by the CMT Program Coordinator.

6. Failure to complete drug and/or alcohol screening by the specified date will result in the student’s dismissal from the CMT Program.

7. Students who are absent on a day of group testing will present themselves to the testing lab within a designated time frame to meet the testing requirements.

8. Students presently enrolled in the CMT program who test positive for illegal substances, controlled substances, and/or alcohol will be dismissed from the CMT Program.*

9. Any discipline called for pursuant to the College’s drug and/or screening policy for CMT students will be governed by the “Rules of Procedure in the Student Disciplinary Matters” as they appear in the Jefferson College Student Handbook.

*NOTE: Any student who tests positive for a controlled substance must be able to verify that the substance was obtained legally and legitimately.
CERTIFIED MEDICATION TECHNICIAN

Consent for Drug/Alcohol Testing

I have read and understand the Jefferson College CMT Drug/Alcohol Testing Policy.

In response to any violations of this policy, continuation of rights and privileges of participation by the individual in the Jefferson College CMT Program will be suspended or revoked, as appropriate.

I agree to undergo standardized drug/alcohol testing, which will be conducted in accordance with the Jefferson College Drug/Alcohol CMT Testing Policy. I understand that the testing results can be provided to the individuals listed in the drug/alcohol testing policy. I further understand that failure to participate in good faith in the drug/alcohol testing program may result in disciplinary action or revocation of CMT participation privileges as set forth in the Jefferson College CMT Drug/Alcohol Testing Policy.

Print Full Legal Name of CMT Applicant

______________________________

Social Security Number

______________________________

Signature of CMT Applicant

Date

______________________________

Signature of Witness

Date