



## **MEDICAL ASSISTANT TECHNICIAN**

### **Consent for Drug/Alcohol Testing**

I have read and understand the Jefferson College CMA 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 CMA 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 CMA 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 CMA participation privileges as set forth in the Jefferson College CMA Drug/Alcohol Testing Policy.

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Print Full Legal Name of CMT Applicant

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Social Security Number

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Signature of CMT Applicant

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Date

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Signature of Witness

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Date