

Tennessee Bureau of Workers' Compensation 220 French Landing Drive, I-B Nashville, TN 37243-1002

Phone: 615-532-1321 FAX: 615-253-5265 Email: DFW.Program@tn.gov

http://www.tn.gov/workforce/article/drug-free-workplace-program

DRUG FREE WORKPLACE PROGRAM APPLICATION

- 1. This application must be complete, legible and signed or it will be RETURNED.
- 2. This application must be resubmitted anytime the employer changes insurance carriers.
- 3. This form must be submitted to the Bureau. Please include the completed original copy of this form plus one photocopy, a copy of PROOF OF COVERAGE and two pre-addressed, stamped envelopes:
 - a. One addressed to your Workers' Compensation Insurance Carrier and
 - b. One addressed to the employer named below.
- 4. THIS APPLICATION MUST BE RENEWED ANNUALLY.

Circle one: New application Renewal application Changed Insurance Carrier

Company Name			FEIN:FEIN:				
Mailing Address				State &	State & Zip		
Business Address				State & 2	State & Zip		
Phone # Fax #			Email				
Name of Substance Abuse Pro	ogram Administrato	or Tenness	ee Drug Testing				
Nature of Business			Total # of FT & PT employees				
Workers' Compensation Insura	ance Carrier						
Lab Certification (circle one): S	SAMHSA CAP-F	UDTAP Other	#1191936				
Name of Testing Laboratory	Alere Toxico	ology	Cit	_y Gretna	StateLA	ZIP	70100
Name of Medical Review Office	D	David Nahin		Phone #	877-585-73	66	
Date you conducted or plan to personnel							
Have all employees hired prior	to the date of this	application been in	formed of your compa	any's drug free progra	am policies?	Yes	No
Have all employees hired prior	to the date of this	application been p	rovided at least one he	our of substance abu	se training?	Yes	No
Effective date of your program							
Renewal applicants only:							
Number of tests performed in	n past 12 months	for each of the fol	owing:				
Job Applicants:	Total	Positive	Routine Fitness	for Duty: Total	Positive		
Post work accident:	Total	Positive	_ EAP Follow-up	: Total	Positive		
Random (optional):	Total	Positive	_ Reasonable Su	spicion Total	Positive		
I hereby certify that all prov been met and implemented		ements of the Te	nnessee Drug-Free	Workplace Progra	am as established	by T.C.A	A. have
Owner/Officer's Signature and title			Printed		Date		