

APPENDIX A

Notice of Drug Screening

To: _____

(Name of Student)

From: _____

(Faculty, College of Nursing)

Re: Reasonable Suspicion Drug Testing

Based on individual reasonable suspicion that you may be engaging in the impermissible use of drugs prohibited by the East Carolina University College of Nursing Program, you are to report for drug screening as outlined by the substance abuse protocol no later than _____ (time) on _____ (date). You will be required to provide a urine and/or blood sample and/or submit to an alcohol breathalyzer test at that time, in accordance with

- a) the procedures established by the East Carolina University College of Nursing Program.
- b) your signed consent to the provisions of the protocol and the program for Substance Abuse.

Confirmed confidential written results shall be sent to:

Office of Student Services
College of Nursing
East Carolina University
Greenville, North Carolina 27858

Signed:

(Nursing Student)

(date and time)

Signed: _____
(Faculty)

(date and time)