

CONSENT TO TESTING AND INFORMATION SHARING

I, _____, acknowledge that by enrolling in the Miami University Graduate Nursing Program (Program) that I am required to complete clinical coursework in a variety of hospitals, clinics, nursing homes, and/or other health care facilities in order to complete my degree requirements and that a negative drug test is required for clinical placement. I hereby agree and consent to giving the University's drug testing agency a urine sample for drug testing. I understand that the drugs I may be tested for include but are not limited to amphetamines, barbiturates, benzodiazepines, cocaine, fentanyl, hydrocodone, cannabinoids, methadone, methaqualone, opiates (Codeine, Morphine, Heroin, etc.), oxycodone, phencyclidine (PCP), propoxyphene and tramadol. I further acknowledge and understand that some clinical site guidelines may be more stringent and require 12 panel drug screening tests.

I understand that if I receive a positive drug test, I will not be allowed to participate in any clinical activities and will be withdrawn from all clinical courses and the corresponding co-requisite courses, which will affect my progression through the graduate nursing curriculum. I also understand that I may be dismissed from the graduate program and may be subject to discipline, up to and including dismissal from the University under the Code of Student Conduct.

I understand that per the "Progression and Retention" section of the Miami University Graduate Nursing Student Handbook that nursing students are required to progress through the nursing curriculum in an uninterrupted schedule. I understand that withdrawal from clinical courses and the corresponding co-requisites would result in an interruption of my progression. I understand that I can petition to request a change in my progression, but it will be at the discretion of the Graduate Nursing Committee and that I should reference the Handbook for policies and procedures. I understand that my readmission to the Graduate Nursing program is not guaranteed.

I understand that if I am permitted readmission by the Graduate Nursing Committee, I will need to sign an agreement outlining the requirements for an evaluation to determine if treatment is required by a certified drug and alcohol counselor, at my own expense. I understand that I will need to demonstrate that I have successfully completed any recommended treatments or programs.

I consent to the University sharing the results of my drug test with any clinical placement for the purposes of making or terminating any clinical placement.

Student Signature:

Student Printed Name:

Date: