

The Council on Alcohol and Drugs – DRUGS DON'T WORK

APPLICATION FOR CERTIFICATION OF DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

Directions: After reading and understanding the rules & guidelines, please answer the following questions, complete the checklist including notarizing the last page, and return this entire application and a \$25 check for the certification fee to the following address. **Be sure to answer every single question. Each line must be marked!** Keep proof of your compliance in your files for review by your insurer or the state board.

THIS APPLICATION MUST BE SUBMITTED ANNUALLY TO THE STATE!!

PLEASE MAIL AND MAKE CHECKS PAYABLE TO:

**Georgia State Board of Workers' Compensation
Attn.: Drug-Free Workplace Program
270 Peachtree Street, N. W.
Atlanta, GA 30303-1299
(404) 656-2048**

A. Drug-Free Workplace Coordinator: _____
Company: _____
Address: _____
State: _____ ZIP _____
County: _____
Phone number: (_____) _____ E-mail address: _____
Number of Employees _____ Type of business: _____

B. How many years has your company been certified as a drug-free workplace?
_____ This will be our 1st year. _____ This will be our 2nd or subsequent year(s)

C. How is your company insured for workers' compensation?
_____ Purchase a Premium _____ Private Self-Insured
_____ Group Fund Self-Insured

TO BE COMPLETED BY THE GEORGIA STATE BOARD OF WORKERS' COMPENSATION

Date of First Certification: _____

OR

Date of Re-certification: _____

Approved By: _____

D. Checklist

1. Policy Statement Required for Certification: (OCGA 34-9-414 (a) (1))

_____ **Statement of required types of abuse testing.**

(OCGA 34-9-414 (a) (1) (A))

1. Job Applicant Testing Required Certification:

(OCGA 34-9-415 (b)) See page 7 of guidelines for explanation.

2. Reasonable Suspicion Testing Required for Certification:

(OCGA 34-9-415 (b)) See page 8 of guidelines for explanation.

3. Post-Accident Testing Required for Certification:

(OCGA 34-9-415 (b)) See page 9 of guidelines for explanation.

4. Post Rehabilitation Testing Required For Certification:

(OCGA 34-9-415 (b)) See page 9 of guidelines for explanation.

5. Routine-Fitness-for-Duty Testing Required for

Certification: (OCGA 34-9-415 (b)) See page 9 of guidelines for explanation.

_____ **A statement of actions employer may take against employee or job applicant on the basis of a positive confirmed test result.**

(OCGA 34-9-414 (1) (B)) See page 4 of guidelines for explanation.

_____ **A statement of consequences of an employee's or job applicant's refusal to submit to a drug test.**

(OCGA 34-9-414 (4)) See page 4 of guidelines for explanation.

_____ **A statement advising employee or job applicant of the existence of the article outlining a certified drug-free workplace program.**

(OCGA 34-9-414 (2)) See page 4 of guidelines for explanation.

_____ **A general confidentiality statement.**

(OCGA 34-9-414 (3)) See page 4 of guidelines for explanation.

_____ **Either a statement advising employee of Employee Assistance Program (EAP), if employer offers one.**

OR a statement advising employee of employer's resource file of assistance programs and other persons, entities, or organizations designed to assist employees with personal or behavior problems.

(OCGA 34-9-414 (5)) See page 5 of guidelines for explanation.

_____ **A statement advising employee or job applicant who receives a positive confirmed test result that he or she may contest or explain the result to the employer within five working days after written notification to the test result.**

(OCGA 34-9-414 (6)) See page 5 of guidelines for explanation.

_____ **A statement informing an employee or job applicant of the federal Drug-Free Workplace Act, if it applies to you. If not, write NA.**

(OCGA 34-9-414 (7)) See page 5 of guidelines for explanation.

_____ **EITHER 60 days notice was given prior to implementation of testing.**

OR 60 days notice was not required because implementation of program occurred prior to July 1, 1993.

_____ **Notice of substance abuse testing is included on vacancy announcements for positions in which testing is required.**

(OCGA 34-9-414 (c))

_____ **Notice of substance abuse testing is posted in an appropriate and conspicuous location on employer's premises.**

(OCGA 34-9-414 (c))

_____ **Copies of policy are available to employees and job applicants in employer's personnel office or other suitable location.**

(OCGA 34-9-414 (c))

2. Substance Abuse Testing Required for Certification:

(OCGA 34-9-415 (b)) See page 7 of guidelines for explanation.

_____ **Job Applicant Testing Required for Certification:**

(OCGA 34-9-415 (b)) See page 7 of guidelines for explanation.

_____ **Reasonable Suspicion Testing Required for Certification:**

(OCGA 34-9-415 (b)) See page 8 of guidelines for explanation.

_____ **Post-Accident Testing Required for Certification:**

(OCGA 34-9-415 (b)) See page 9 of guidelines for explanation.

_____ **Post Rehabilitation Testing Required for Certification:**

(OCGA 34-9-415 (b)) See page 9 of guidelines for explanation.

_____ **Routine-Fitness-for-Duty Testing Required for**

Certification: or N/A (OCGA 34-9-415 (b)) See page 9 of guidelines for explanation.

Procedures for Substance Abuse Testing Required for Certification. (OCGA 34-9-415 (d)) and (e) See page 11 of guidelines for explanation.

Specimen Collection Responsibilities Required for Certification:

(OCGA 34-9-415 (d)) (1) through (5) See page 11 of guidelines for explanation.

_____ **Collection of job applicant and employee specimen is performed in accordance with the standards and procedures outlined in the guidelines for certification.**

Employer Responsibilities Required for Certification:

(OCGA 34-9-415 (d)) (6) through (12) See page 13 of form for explanation.

_____ **The employer is complying with the procedures that are outlined in the guidelines for certification.**

Laboratory Responsibilities Required for Certification:

(OCGA 34-415 (e)) See page 14 of form for explanation.

_____ **The laboratory that the employer is using is complying with the procedures that are outlined in the guidelines for certification.**

Name and address of laboratory – confirming not Collecting Specimens

Phone Number: (_____) _____

Please check the appropriate certification:

Certification of laboratory NIDA/HHS _____ CAP _____

3. Employee Assistance Required for Certification:

(OCGA 34-9-416) See page 16 of guidelines for explanation.

_____ ***Either you have an Employee Assistance Program (EAP)**

***OR you maintain and post other means of employee assistance.**

4. Employee Education Required for Certification:

(OCGA 34-9-417) See page 17 of guidelines for explanation.

_____ **Hour One of the Employee Education program has been conducted for employees AND.....**

Hour Two of the Employee Education program has been conducted for employees Or N/A if in second or subsequent years of certification.

Note: Second half of employee education program may be completed within six months after certification.

5. Supervisor Training Required for Certification:

(OCGA 34-9-418) See page 20 of guidelines for explanation.

Participation of supervisors with the employees in the above education program.

AND

During the first year, two hours of supervisor training on how to recognize signs of substance abuse, how to document and collaborate signs of employee substance abuse, and how to refer substance abusing employees to the proper treatment providers. (Only one hour required in 2nd and subsequent years of certification).

Note: Second half of supervisor training program may be completed within six months after certification.

6. Confidentiality Required for Certification: (OCGA 34-9-420)

All information received through substance abuse testing is confidential, but may be used or received in evidence, or obtained in discovery, or disclosed in any civil or administrative proceeding when the information is relevant to the employer's defense, e.g., a workers' compensation hearing.

NOTE: Employers should ensure that they have read and understand the disclaimers of a drug-free workplace program (see page 22 of guidelines) and the information on the Maintenance and Revocation of certification (see page 23 of guidelines). **MUST BE NOTARIZED!**

7. Notarization of Certified Drug-Free Workplace Program.

Employer Name

Please Print Name & Title of Officer/Owner

Date

Officer/Owner Signature

*Application must be signed by an officer or owner.

You must send in this application annually!!

The above signed certifies that the above information is a true and factual depiction of their current drug-free workplace program.

This application MUST be NOTARIZED!

Notary