

Student/Faculty Control Substances and Alcohol Attestation Form

In order to be assigned for a clinical placement, I understand and certify to the following:

I (Student/Faculty Name: _____) attest
that I am not dependent on or habituated and addicted to alcohol or controlled substances. By
signing below, I acknowledge that the above statement is true and accurate.

Signature of Student/Faculty

Date Signed

EMPLID