

Purdue University School of Nursing

Drug and Alcohol Testing Policy, Social Media Policy, Professional Behaviors Policy and CNES Student Policy and Procedures Acknowledgment and Consent

By signing below, I (print name) _____, _____
First Middle Last P.U. ID #

acknowledge that:

- (1) I have received a copy of the Purdue University School of Nursing Reasonable Suspicion Drug and Alcohol Policy and Testing Guidelines for Nursing Students (“Policy”), which explains that a drug and alcohol test is required based on reasonable suspicion of drug or alcohol use. I agree to adhere to all stipulations outlined in the policy. If a drug test is required, I agree to be tested for the drugs on the current Medical Professional Panel Drug Screen which include, but are not limited to, alcohol, amphetamines, barbiturates, benzodiazepines, cocaine, metabolites, cannabinoids (THC, Marijuana), Methadone, Opiates, Phencyclidine (PCP), Propoxyphene, Narcotics, Meperidine, and Oxycodone;
- (2) I have received a copy of the Purdue University School of Nursing Social Media Policy and I agree to adhere to all stipulations outlined in the policy.
- (3) I have received a copy of the Purdue University School of Nursing Professional Behaviors Policy and I agree to adhere to all stipulations outlined in the policy.
- (4) I have received a copy of the Purdue University School of Nursing Center for Nursing Education and Simulation (CNES) Student Policies and Procedures and I agree to adhere to all stipulations outlined in the policy

Student’s Signature or Parent’s signature if student is a minor Date

Printed Name

Student Social Security Number, Mother’s Maiden Name & Purdue ID Number Release Authorization

I, _____ (print full name clearly), give permission to the Purdue University School of Nursing to release my Social Security Number, Mother’s Maiden Name and/or Purdue University ID number to clinical facilities as required for electronic health record access during my time as a nursing student at Purdue University and to state boards of nursing on verification of graduation forms required to apply for licensure as a registered nurse.

Student’s Signature or Parent’s signature if student is a minor Date

Printed Name Social Security # of Student (required)

Mother’s Maiden Name (required)

Witnessed by:

Signature Date

Printed Name