BELCROFT UNIVERSITY

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759

admissions@belcroftuniversity.com

+1 (813) 772-3772

Drug Screening Consent Form

This form authorizes the University and its designated testing provider to conduct drug screening as a condition of admission, enrollment, and participation in clinical experiences, internships, externships, field placements, practicum experiences, or other University-sponsored activities when required by university policy, academic program requirements, or affiliated agencies. Drug screening helps promote a safe, healthy, and professional learning environment and may be required to meet the standards of educational programs, clinical partners, regulatory agencies, and external training sites.

Drug Screening Guidelines

Students may be required to complete a drug screening through a university-approved provider within the established timeframe. This screening may utilize urine, hair, blood, breath, saliva, or other legally accepted testing methods. Students are responsible for complying with all testing requirements and providing the necessary documentation. Failure to complete the screening, refusal to participate or release results, or obtaining a positive, adulterated, substituted, tampered, or invalid test result may affect eligibility for academic, clinical, internship, practicum, or experiential learning activities. Consequently, non-compliance may lead to administrative action in accordance with university policies and program requirements.

Student Information

Student Name (First - Middle - Last)	
Student ID	
Date of Birth (MM/DD/YYYY)	____ / ____ / _____
Phone Number	
Email Address	
Program of Study	

Authorization and Consent

☐ I hereby voluntarily authorize and consent to drug screening as required by the University, my academic program, and/or affiliated clinical, internship, practicum, or training sites.

☐ I authorize the collection of appropriate specimens for testing and understand that testing may be conducted by a university-approved laboratory, testing facility, or Medical Review Officer (MRO).

☐ I further authorize the testing provider, laboratory, Medical Review Officer, and any designated testing agency to release drug screening results and related information to authorized University officials and affiliated agencies that require such information for educational, compliance, placement, or participation purposes.

Student Acknowledgement **(By signing this form, I acknowledge and understand that)**

- Drug screening may be required before admission, enrollment, clinical placement, internship participation, field experiences, or continued participation in my academic program.
- Refusal to submit to drug screening, refusal to cooperate with testing procedures, or refusal to authorize the release of results may be treated in the same manner as a positive test result.

Waters Edge Office Center, 2963 Gulf To Bay Blvd, Suite# 120, Clearwater, FL - 33759
admissions@belcroftuniversity.com
+1 (813) 772-3772

- A positive, adulterated, substituted, tampered, or invalid test result may affect my eligibility to participate in academic, clinical, internship, practicum, field experience, or other program-related activities.
- If participation in required clinical or experiential learning activities is denied due to drug screening results, I may be unable to fulfill degree or program requirements.
- Certain prescription medications may require review by the Medical Review Officer and may not automatically disqualify me from participation when lawfully prescribed and properly documented.
- I am responsible for any costs associated with drug screening unless otherwise specified by the University.
- Drug screening results will be maintained in accordance with applicable laws, University policies, and confidentiality requirements and will be disclosed only to authorized individuals with a legitimate educational, compliance, or administrative need to know.
- Submission of this form does not guarantee admission, enrollment, clinical placement, internship placement, or continued participation in any academic program.

Release of Liability

In consideration of my participation in University programs and activities, I release and hold harmless the University, its trustees, officers, employees, faculty, agents, affiliated agencies, testing providers, laboratories, Medical Review Officers, and representatives from any and all claims, liabilities, damages, or causes of action arising from or related to the administration of drug screening, the reporting of test results, or the authorized disclosure and use of such results in accordance with University policies and applicable laws.

Student Certification

☐ I certify that I have read and understand this Drug Screening Consent Form. I have had the opportunity to ask questions regarding the drug screening process and understand the consequences of refusing to participate or failing to meet applicable requirements. I voluntarily consent to drug screening and authorize the release of results as described above.

Signature of the Student _____ **Date:** _____/____/_____

Note:

- Drug screening requirements may vary by academic program and affiliated clinical, internship, practicum, or training sites.
- Students are responsible for completing all required drug screening procedures within the deadlines established by the University or affiliated agencies.
- Failure to complete required testing, refusal to participate, or refusal to authorize the release of results may affect eligibility for admission, enrollment, clinical placement, internship participation, or other program-related activities.
- Positive, adulterated, substituted, tampered, or invalid test results may result in administrative action in accordance with university policies and applicable program requirements.
- Drug screening records and results will be maintained and disclosed only as permitted by applicable laws, University policies, and authorized educational or compliance requirements.