

**FORM 09-1**  
**APPLICATION FOR DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM**

Name of Employer: \_\_\_\_\_

Date Program Implemented: \_\_\_\_\_

**Testing:**

Procedures for drug testing have been established and/or drug testing has been conducted in the following areas:

- |   |  |
|---|--|
| <input type="checkbox"/> Job applicant        | <input type="checkbox"/> Routine fitness for duty                          |
| <input type="checkbox"/> Reasonable suspicion | <input type="checkbox"/> Follow-up testing to Employee Assistance Programs |

**Notice of Employer's Drug Testing Policy:**

- |  |  |
|--|--|
| <input type="checkbox"/> Copy to all employees prior to testing        | <input type="checkbox"/> Show notice of drug testing on vacancy announcements  |
| <input type="checkbox"/> Posted on employer's premises                 | <input type="checkbox"/> Copies available in personnel office or other suitable locations                                  |
| <input type="checkbox"/> Copy to job applicants prior to testing       | <input type="checkbox"/> No notice required because the employer had a drug testing program in place prior to July 1, 1990 |
| <input type="checkbox"/> General notice given 60 days prior to testing |  |

**Education:**

- Resource file on providers
- Employee Assistance Program
- Education

Name of Medical Review Officer: \_\_\_\_\_

- A. Name of approved Agency for Health Care Administration Lab or United States Department of Health and Human Services Certified Laboratory: \_\_\_\_\_
- B. Phone #: (     ) \_\_\_\_\_
- C. Address: \_\_\_\_\_

**ANY PERSON WHO KNOWINGLY AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER FILES A STATEMENT OF CLAIM OR AN APPLICATION CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION, IS GUILTY OF A FELONY OF THE THIRD DEGREE.**

_____ Employer Name	_____ Officer/Owner Signature *
_____ Date	_____ Title

\* Application must be signed by an officer or owner.

**THE ABOVE SIGNED CERTIFIES THAT THIS INFORMATION IS A TRUE AND FACTUAL DEPICTION OF THEIR CURRENT PROGRAM.**

_____ Notary Public's Signature	_____ Date	_____ Exp. of Commission
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