

## Civil Engineering Technology Drug Testing/Screening Policy

For the purposes of this policy, student refers to any student who has met the admission requirements of Northwest Mississippi Community College and is intent on entering the Civil Engineering Technology Program at the Senatobia campus.

### Purpose

The purpose of the Drug Screening Program is to aid and assist students. It is not intended to unduly interfere with the student's private life or to bring hardship, but rather to protect the student's well being and threat of others who are associated with the Civil Engineering Technology Program at Northwest Mississippi Community College. This policy may affect Civil Engineering Technology Program admissions and/or program continuance; however, it does not affect general college admission or the right of a student to pursue other college programs at Northwest Mississippi Community College.

### Procedures

The Northwest Mississippi Community College Civil Engineering Technology Program, along with Career and Technical Education, strongly believe that the use and abuse of drugs (excluding those prescribed by a physician to treat specific medical problems) can

1. Be detrimental to the physical and mental health of students;
2. Seriously interfere with academic, social and required performance of the students;
3. Be extremely dangerous to the student's safety and fellow student's safety with regard to completing necessary shop experiences and using required tools in Civil Engineering Technology ;
4. Effect the student's ability to remain on Northwest Mississippi Community College campus due to a no tolerance policy of all students;
5. Impact a student's ability to successfully obtain employment after completion of the program.

The drug screening is the responsibility of the student. All students required to do drug screening must sign a release allowing the Civil Engineering Technology Program Advisor and the Dean of Career and Technical Education access to results of the student drug screen. The drug screening shall consist of the collection of a urine sample from the student by any assistant(s) from the physician, nurse, lab tech, or authorized medical personnel. Each specimen shall be analyzed for the presences of drugs. The testing physician releases the signed lab results to the student on the form provided. This form must be submitted before you can register for the Civil Engineering Technology Program. Failure to provide documentation of the drug screening or positive results will be reflected in dismissal from the Civil Engineering Technology Program.

Northwest Mississippi Community College does not discriminate on the basis of race, color, national origin, sex, disability, religion, gender identity, age, or status as a veteran or disabled veteran in all its programs and activities. Northwest Mississippi Community College prohibits sexual harassment and all forms of sexual violence, regardless of sex, gender identity or sexual orientation. The following have been designated to handle inquiries regarding non-discrimination policies: ADA/Section 504: Disability Support Services Coordinator, Tate Hall, P.O. Box 5555, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3309, e-mail address [gbeard@northwestms.edu](mailto:gbeard@northwestms.edu); Title II: Vice President for Finance, James P. McCormick Administration Building, P.O. Box 7017, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3216, e-mail address [gmosley@northwestms.edu](mailto:gmosley@northwestms.edu); Title IX/Title VII: Vice President for Student Services, Tate Hall, P.O. Box 7010, 4975 Highway 51 North, Senatobia, MS 38668, telephone number 662-562-3997, e-mail address [dsmith@northwestms.edu](mailto:dsmith@northwestms.edu).

**Northwest Mississippi Community College Civil Engineering Technology Program**

**Consent Drug Testing, Statement of Acknowledgment and Understanding, Release of Liability Form**

I have read, understand and agree to Northwest Mississippi Community College, Civil Engineering Technology Program's drug screening policy and procedure. I understand that the purpose of this policy is to provide a safe working and learning environment for students, institutional staff and property. I understand that a positive drug test may exclude me from admission to the program. In addition, I understand that I am also subject to retesting at anytime for cause (i.e. reasonable suspicion that I am using or am under the influence of drugs or alcohol). Drug testing after an accident is mandatory and at my expense.

My signature below indicates that:

1. I consent to urine drug testing as require by the Northwest Mississippi Community College Civil Engineering Technology Program.
2. I authorize the relate of all information and records, including test results of the screening or testing of my urine specimen to one or all of the following:
  - a. Program Instructor
  - b. Career and Technical Dean
3. I understand that all costs incurred with the drug testing will be my responsibility.
4. I hereby release Northwest Mississippi Community College, the Civil Engineering Technology Program, employees, and agents ("releases") from any and all claims arising from the administering of such tests, the analysis of test results, and the use and disclosure of said results, except claims based on the releases' negligence or intentional wrongdoing.

My signature indicates that I have read and understand this consent and release from, and that I have signed it voluntarily.

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Print Name

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Signature

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Date

**Northwest Mississippi Community College- Civil Engineering Technology Program**

**4975 Highway 51 North**

**Senatobia, MS 38668**

**Phone- 662-562-3372 Fax- 662-560-1107**

**Robin Douglas Career Asst. Dean 662-562-3233**

**Drug Screening\* Results Form**

Northwest Mississippi Community college requires students to complete a 5 Panel Urine Drug screen for admission into the Civil Engineering Technology Program for the Fall class, each year.

Student Name \_\_\_\_\_ Date of Screen \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Student ID \_\_\_\_\_

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**Over-the-Counter Medication**

**1. Drug or Other Medications**

\_\_\_\_\_  
\_\_\_\_\_

**2. Dosage** \_\_\_\_\_

**3. Prescribing Physician Date** \_\_\_\_\_

**4. Nature of illness for which the drug was prescribed** \_\_\_\_\_

**5. Expected effect of the drug/medication (i.e. Drowsiness, etc.)**

\_\_\_\_\_  
\_\_\_\_\_

**6. How long do you expect to take this medication** \_\_\_\_\_

**7. Attending Physician** \_\_\_\_\_

Please attach a copy of the lab results

**\*5 Panel Drug Screen**