

**M.A. CENTER
CONFIRMATION OF RECEIPT
AND ACKNOWLEDGEMENT OF
SUBSTANCE ABUSE POLICY**

I hereby acknowledge receipt of the M.A. Center Substance Abuse Program Policy and its Drug and Alcohol Testing Procedures. I understand that it is my responsibility to familiarize myself with the program requirements and seek appropriate guidance or explanation if needed. I also understand that I am to sign this form and return it immediately.

EMPLOYEE SIGNATURE _____

EMPLOYEE NAME (*printed*) _____

DATE _____