



State Board of Workers' Compensation

APPLICATION FOR CERTIFICATION OR ANNUAL RECERTIFICATION OF THE DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM (revised August 2007)

THIS APPLICATION MUST BE SUBMITTED ANNUALLY

Directions: Please answer the following questions, complete the checklist, and return this application and a \$35.00 check for the certification/recertification fee. Keep documentation of your compliance in your files for review by your insurer or the State Board of Workers' Compensation upon request. The certificate will expire one year from the date issued. To remain a Drug-Free Workplace Program employer, you must apply annually.

Make Check Payable To: Georgia Drug-Free Workplace Program

Mail to: Georgia Drug-Free Workplace Program
270 Peachtree Street, NW
Atlanta, GA 30303-1299
info@sbwcdfwp.org

Georgia Codes can be viewed from our website, www.sbwbc.georgia.gov

Fields indicated with * are required.

A.

Coordinator's Name*: _____

Email*: _____

Company Name*: _____

Federal Employer
Identification # (FEIN)*: _____

Phone Number*: _____

Physical Address

Address*: _____

City*: _____

State*: _____ ZIP Code*: _____

County*: _____

Mailing Address (if different from above)

Address*: _____

City*: _____

State*: _____ ZIP Code*: _____

No. of Employees*: _____ Type of Business*: _____

B.

How many years has your company been certified as a drug-free workplace employer?

___ This will be our first year ___ This is our 2nd or subsequent year

C.

How is your company insured for workers' compensation?

___ Insurance Policy ___ Private Self-Insured ___ Group Fund Self-Insured

NOTE: Employers should ensure that they have read and understand the disclaimers of a drug-free workplace program and the information on the Maintenance and Revocation of certification. See code section.

D. Checklist

1. Policy Statement Required for Certification: (OCGA 34-9-414 (a) (1))

- Statement of required types of abuse testing. (OCGA 34-9-414 (a) (1) (A))**
 - 1. **Job Applicant Testing Required Certification: (OCGA 34-9-415 (b))** See code section.
 - 2. **Reasonable Suspicion Testing Required for Certification: (OCGA 34-9-415 (b))** See code section.
 - 3. **Post-Accident Testing Required for Certification: (OCGA 34-9-415 (b))** See code section.
 - 4. **Post Rehabilitation Testing Required For Certification: (OCGA 34-9-415 (b))** See code section.
 - 5. **Routine-Fitness-for-Duty Testing Required for Certification: OCGA 34-9-415 (b))** See code section.
- Statement of actions employer may take against employee or job applicant on the basis of a positive confirmed test result. (OCGA 34-9-414 (1) (B))** See code section.
- Statement of consequences of job applicant's or employee's refusal to submit to a drug test. (OCGA 34-9-414 (4))** See code section.
- Statement advising employee or job applicant of the existence of the article outlining a certified drug-free workplace program. (OCGA 34-9-414 (2))** See code section.
- General confidentiality statement. (OCGA 34-9-414 (3))** See code section.
- Either a statement advising employee of Employee Assistance Program (EAP), if employer offers one.**
OR
Statement advising employee of employer's resource file of assistance programs and other persons, entities, or organizations designed to assist employees with personal or behavior problems. (OCGA 34-9-414 (5)) See code section.
- Statement advising employee or job applicant who receives a positive confirmed test result that he or she may contest or explain the result to the employer within five (5) working days after written notification of the test result. (OCGA 34-9-414 (6))** See code section.
- Statement informing an employee or job applicant of the federal Drug-Free Workplace Act if it applies to you. CHECK ONLY IF APPLICABLE. (OCGA 34-9-414 (7))** See code section.
- EITHER sixty (60) day's notice was given prior to implementation of testing.**
OR
sixty (60) day's notice not required due to implementation of program occurring before July 1, 1993. (OCGA 34-9-414 (b)) See code section.
- Notice of substance abuse testing is included on vacancy announcement for positions in**

which testing is required. (OCGA 34-9-414 (c)) See code section.

- Notice of substance abuse testing is posted in an appropriate and conspicuous location on employer's premises.** (OCGA 34-9-414 (c)) See code section.
- Copies of policy are available to employees and job applicants in employer's personnel office or other suitable location.** (OCGA 34-9-414 (c)) See code section.

2-a. Substance Abuse Testing Required for Certification: (OCGA 34-9-415 (b)) See code section.

- Job Applicant Testing Required for Certification:** (OCGA 34-9-415 (b)) See code section.
- Reasonable Suspicion Testing Required for Certification:** (OCGA 34-9-415 (b)) See code section.
- Post-Accident Testing Required for Certification:** (OCGA 34-9-415 (b)) See code section.
- Post-Rehabilitation Testing Required for Certification:** (OCGA 34-9-415 (b)) See code section.
- Routine-Fitness-for-Duty Testing Required for Certification:** **CHECK ONLY IF APPLICABLE** (OCGA 34-9-415 (b)) See code section.

2-b. Procedures for Substance Abuse Testing Required for Certification.

(OCGA 34-9-415 (d) and (e)). See code section.

Specimen Collection Responsibilities Required for Certification: (OCGA 34-9-415 (d)) (1) thru (5). See code section.

- Collection of job applicant and employee specimen is performed in accordance with the standards and procedures outlined in the guidelines for certification.**

Employer Responsibilities required for Certification: (OCGA 34-9-415 (d)(6) thru (12)) See code section.

- The employer is complying with the procedures that are outlined in the guidelines for certification.**

Laboratory Responsibilities Required for Certification: (OCGA 34-415 (e)) See code section.

- The laboratory that the employer is using is complying with the procedures that are outlined in the guidelines for certification.** (OCGA 34-9-415(e)(1) thru (3), (f) thru (g)) See code section.

Name and Address of Confirming Laboratory:

Address*: _____

Phone Number: _____

Certification of Laboratory:

HHS CAP BOTH

HHS = (laboratories approved by) Health and Human Services

CAP = (laboratories approved by) College of American Pathologists

3. Employee Assistance Required for Certification: (OCGA 34-9-416) See code section.

- *Either you have an Employee Assistance Program (EAP)**
***OR you maintain and post other means of employee assistance**

4. Employee Education Required for Certification: (OCGA 34-9-417) See code section.

Hour one (1) of the Employee Education Program has been conducted for employees. **THIS IS REQUIRED FOR EACH YEAR OF CERTIFICATION.**

AND

Hour two (2) of the Employee Education Program has been conducted or will be conducted for employees. **THIS IS REQUIRED FOR FIRST YEAR CERTIFICATION ONLY.**
Note: Second half of Employee Education Program may be completed within six (6) months after certification.

OR

Enter N/A if in 2nd and any consecutive subsequent years of certification.

5. Supervisor Training Required for Certification: (OCGA 34-9-418) See code section.

Supervisor(s) participated in Employees Education Program as described in above section 4.

AND

During the first year, an employer must provide all supervisory personnel with a minimum of two (2) hours of supervisor training. See code reference. Note: Second half of supervisor training program may be completed within six (6) months after certification.

Employers who are in their 2nd or consecutive subsequent years of certification must provide all supervisory personnel with a minimum of one (1) hour in addition to training provided in section 4.

6. Confidentiality Required for Certification: (OCGA 34-9-420) See code section.

All information received through substance abuse testing is confidential, but may be used or received in evidence, or obtained in discovery, or disclosed in any civil or administrative proceeding when the information is relevant to the employer's defense, e.g., a workers' compensation hearing.

Employer Name

Please Print Name & Title of
Officer/Owner

Date

Officer/Owner Signature

APPLICATION MUST BE NOTARIZED

Notary Public
My Commission Expires:

(Affix and Impress Notary Public Seal Here)