

DEPARTMENT OF

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Student/Faculty Control Substances and Alcohol Attestation Form

Signature of Student/Faculty Date Sign	ed
that I am not dependent on or habituated and addicted to alcohol or controlled substances. Signing below, I acknowledge that the above statement is true and accurate.	Ву
(Student/Faculty Name:	attest
in order to be assigned for a clinical placement, I understand and certify to the following:	