

Carolina Family Health Centers, Inc.

Certification of Receipt of the Drug and Alcohol Free Workplace Policy

I hereby acknowledge and certify that I have received and reviewed a copy of Carolina Family Health Center, Inc.'s (CFHC, Inc.'s) Drug and Alcohol Free Workplace Policy and I understand that it represents a mandatory policy of CFHC, Inc.

I further acknowledge that I have received training on the program and have had the opportunity to ask questions.

I understand that violations of this policy may lead to disciplinary action, up to and including termination, or require that I satisfactorily complete a drug abuse assistance or rehabilitation program. I also understand that violations of this policy may require that CFHC, Inc. report information to local law enforcement or reporting to a licensing board, if appropriate.

By signing below, I agree to abide by the Drug and Alcohol Free Workplace Policy, during the term of my employment, contract, or while otherwise authorized to serve on CFHC, Inc.'s behalf and I understand the consequences of violating this policy.

Return the signed form to the Human Resources Department.

Date

Signature

Printed Name

Title/Position