



TANNER HEALTH SYSTEM  
SCHOOL OF NURSING

**AGREEMENT FOR THE CHEMICALLY IMPAIRED STUDENT NURSE**

I, \_\_\_\_\_, consent to obtain a comprehensive substance abuse evaluation and counseling for the purpose of professional evaluation of chemical impairment/abuse status and determination of an appropriate treatment plan.

I understand and acknowledge that the admission of chemical impairment at this point may have academic consequences.

I understand that I am responsible for the cost, if indicated, of the substance abuse evaluation and counseling and any prescribed treatment, and additional drug and alcohol panel screening.

I understand that failure to abide by the stipulations of my recommended treatment plan and monitoring of my progress will result in my dismissal from the program.

Signature of Student \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Date \_\_\_\_\_