



Abstinence Acknowledgement

1. Licensee Name: _____ Date of Birth: _____

2. I, _____, acknowledge that DPHMP is an abstinence-based program. I understand that I cannot consume any alcohol including alcohol found in over the counter medications. I further understand that all non-negative toxicology, including non-negative toxicology due to alcohol and alcohol metabolites, will be reported as a noncompliance event in accordance with the **ETG/ETS Non-Negative Test Results Guideline.**

Full Legal Signature of Licensee OR Licensee's Authorized Representative	Relationship to Licensee	Date
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