



UNIVERSITY OF MICHIGAN

SCHOOL OF DENTISTRY

HEALTH CARE PROVIDERS

DENTAL STUDENT STATEMENT OF UNDERSTANDING

As a dental student within the School of Dentistry, I acknowledge that I have received a copy of the School's Policy on Alcohol and Other Drugs;

And, should there be reasonable cause to believe that I am unable to discharge my educational and clinical responsibilities appropriately due to an alcohol or drug problem, I understand that I may be required to undergo an appropriate alcohol and/or drug screen to determine whether such a problem is present. I further understand that I may be temporarily suspended from my responsibilities pending completion of such an evaluation.

Student Name (Printed)

Student Signature

Date