## **Collector Student Information Sheet and Acknowledgement**

Collector Student Name:
(Please print name neatly as you wish for it to be printed on your certificate.)
Email address:
Mailing address:
Telephone Number: ()
Company Name (if applicable):

## **Student Acknowledgement and Attestation:**

I certify that I have completed the basic information and rules and regulations (qualification training) as required by the Rules found in 49 CFR § 40.33 for Specimen Collectors conducting urine specimen collections in the Department of Transportation (DOT) drug testing program.

I further attest that I have thoroughly and diligently studied the information required by the Part 40 rules, and that I have a comprehensive knowledge and understanding of the DOT drug testing rules and collection procedures, including:

(1) All steps necessary to complete a collection correctly and the proper completion and transmission of the CCF;

(2) "Problem" collections (e.g., situations like "shy bladder" and attempts to tamper with a specimen);

(3) Fatal flaws, correctable flaws, and how to correct problems in collections; and

(4) The collector's responsibility for maintaining the integrity of the collection process, ensuring the privacy of employees being tested, ensuring the security of the specimen, and avoiding conduct or statements that could be viewed as offensive or inappropriate.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructor/Monitor Acknowledgement and Attestation:

I certify that the student named above has provided proof of completion of the basic information and rules and regulations (qualification training) as required by the Rules found in 49 CFR § 40.33 for Specimen Collectors conducting urine specimen collections in the Department of Transportation (DOT) drug testing program, and that such information appears legitimate and credible.

Monitor Printed Name:	Date:	

Monitor Signature: \_\_\_\_\_