

2 - HOUR INTERNET REASONABLE SUSPICION WORKSHOP

December &
January Dates

12/13/2011

1/12/2012

10am-12pm
PST

The Department of Transportation mandates that Supervisors of regulated employees receive two hours of training in recognizing the signs and symptoms of Alcohol & Drug Use in the workplace. This training is designed to meet the essential requirements for making a Reasonable Suspicion determination if a DoT regulated employee appears to be impaired by drugs or alcohol while performing safety sensitive work.

The Instructor: Deborah Holub, is a certified alcohol & drug counselor, Substance Abuse Professional (SAP), Breath Alcohol Technician instructor (BAT), and Drug Test Collector instructor. She is also the owner of the North State Alliance Consortium and has been assisting companies in compliance with DoT drug and alcohol testing regulations since 1996.

INTERNET WORKSHOP

- The workshop will be conducted by Deborah via the Internet in a conference call and power-point presentation format. Active participation is required.
- Participant manuals will be provided.
- All participants will be required to complete 2 tests—pre and post. The pre-test will be faxed prior to the workshop and must be returned to Deborah before the workshop commences. The post-test will be faxed to the participant after the class and must be faxed back to Deborah before a certificate will be issued for the class.
- Conference call number, internet access information and manual will be provided to you upon registration.
- Space is limited. Multiple participants at each company are permitted but each participant must be enrolled at the fee listed below. All paid participants will receive a certificate of completion.

Cost: \$70.00 per person

FOR WORKSHOP INFORMATION AND ENROLLMENT

Contact: Deborah Holub (530-233-9700)

North State Alliance

P.O. Box 492649, Redding, CA 96049

1-530-223-9700 1-530-223-9800

DEADLINE IS TWO DAYS PRIOR TO THE CLASS

Visa, MC,
Discover
American Express
Accepted

Internet Reasonable Suspicion Workshop

12/13/2011 1/12/2012

Fax Registration to 530-223-9800 or email to dholub@nsadrugtest.com

Please register the following individuals for the following workshop:

12/13/2011

01/12/2012

Attendee Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	
Email: _____	Fee Enclosed: \$70.00

Attendee Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	
Email: _____	Fee Enclosed: \$70.00

Attendee Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	
Email: _____	Fee Enclosed: \$70.00

Attendee Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	
Email: _____	Fee Enclosed: \$70.00

Attendee Name: _____	Phone: _____
Company: _____	Fax: _____
Address: _____	
Email: _____	Fee Enclosed: \$70.00

PAYMENT INFORMATION

_____ CHECK ENCLOSED FOR THE AMOUNT OF _____

_____ PLEASE CHARGE MY CREDIT CARD FOR THE AMOUNT OF _____

_____ VISA _____ MC _____ DISCOVER _____ AMERICAN EXPRESS

ACCOUNT# _____ EXPIRATION DATE _____ CRV CODE _____

NAME ON ACCOUNT: _____

BILLING ADDRESS: _____

SIGNATURE: _____