

# ANNUAL APPLICATION FOR CERTIFICATION OF DRUG-FREE WORKPLACE PREMIUM CREDIT PROGRAM

---

**Directions:** *Consistent with the criteria in Chapter 2, Section 8, of the Wyoming Workers' Compensation Rules, Regulations and Fee Schedules, please answer the following questions, complete the checklist to include notarization, and return the entire application with a copy of your drug-free work plan program to the address below. Please remember: 1) applications may be approved for four (4) calendar quarters only and must be submitted to the Division annually, and 2) it is your responsibility to retain proof of compliance for review by the Division.*

**Wyoming Workers' Safety and Compensation Division  
Employer Services  
1510 East Pershing Ave.  
Cheyenne, WY 82002**

A. Drug-Free Workplace Coordinator: \_\_\_\_\_  
Company: \_\_\_\_\_  
Workers' Compensation Employer# \_\_\_\_\_  
Type of Business \_\_\_\_\_  
Address: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_  
County: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Number of Employees covered by Workers' Compensation: \_\_\_\_\_  
Number of Employees precluded from random drug testing, if any, and reason: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Is this the first time applying to the program? YES  NO   
If YES, you must attach a copy of your policy with the application.

**If this is a renewal, has your policy changed since you last applied with the Division?**  
YES  NO

If YES, you are required to attach a copy of your policy and send in with the application.  
If NO, please complete the application and submit to the Division.

### **C. Checklist**

**i) Written policy which shall include all of the following:**

**ii) Even if your policy has not changed since your last renewal, please provide page numbers of where the below statements can be found.**

\_\_\_\_\_1. A statement providing for inclusion of all Workers' Compensation covered employees in the substance abuse testing program.

\_\_\_\_\_2. A statement of required types of substance abuse testing.

\_\_\_\_\_3. A statement of actions the employer may take against an employee or job applicant on the basis of a positive confirmed test result.

\_\_\_\_\_4. A statement of consequences of an employee's or job applicant's refusal to submit to a drug test.

\_\_\_\_\_5. A general confidentiality statement.

\_\_\_\_\_6. A statement-advising employee who receives a positive confirmed test result that he or she may contest or explain the result to the employer within five (5) working days after written notification of the test result.

\_\_\_\_\_7. A statement informing an employee or job applicant of the federal Drug-Free Workplace Act, if applicable.

\_\_\_\_\_8. A statement affording provision of 60 days notice prior to implementation of substance abuse testing.

\_\_\_\_\_9. A statement that substance abuse testing is required to be on vacancy announcements for those positions which require testing.

\_\_\_\_\_10. A statement that notification of substance abuse testing is posted in an appropriate and conspicuous location on employer's premises.

\_\_\_\_\_11. A statement informing employees and job applicants that copies of policy are available in the employer's personnel office or other suitable location.

**ii) Provisions for substance abuse testing, which shall include all of the following:**

\_\_\_\_\_1. Pre-employment, random, reasonable suspicion, and post-accident testing.

\_\_\_\_\_2. Drug and alcohol testing protocols as specified in Chapter 10, Section 2, which shall apply to all random, reasonable suspicion and post-accident testing.

\_\_\_\_\_3. To the extent permitted by law, random testing shall be conducted, at a minimum, on 20% of the average staff on an annualized basis.

**iii) Resources available for employee assistance.**

\_\_\_\_\_1. A statement-advising employee of an Employee Assistance Program (EAP) or a statement-advising employee of employer’s resource file of assistance programs and other persons, entities, or organizations designed to assist employees with personal or behavior problems.

**iv) Employee education**

\_\_\_\_\_1. The employer shall provide at least 1 hour of employee substance abuse education training per year. Employers shall retain records, to include attendee’s signatures, dates and training topics, to document employee participation in education.

**v) Supervisor training**

\_\_\_\_\_1. The employer shall provide at least 2 hours of substance abuse training per year. Supervisors shall receive training to encompass at least 60 minutes on alcohol misuse and at least 60 minutes on drug use. Training shall incorporate physical, behavioral, speech and performance indicators of probable alcohol misuse and use of drugs. Employers shall retain records, to include attendees signatures, dates and training topics, to document supervisory participation in training.

**NOTE: Employers should ensure that they have read and understand the Drug-free workplace program provisions pertaining to compliance and revocation.**

**D. Notarization of Certified Drug-Free Workplace Program.**

\_\_\_\_\_  
**Employer Name**

\_\_\_\_\_  
**Please Print Name & Title of Officer/Owner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Officer/Owner Signature**

**The above signed certified that the above information is a true and factual depiction of their current drug-free workplace program.**

**Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_**

by:\_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires:\_\_\_\_\_ (Seal)