North Carolina Board of Nursing
INTERVENTION PROGRAM

This form is to be used only for reporting random or pre-employment drug screens positive for illicit substances. An illicit substance is defined as any drug in Schedule I or Schedule IV of the Controlled Substances Act of North Carolina, or any drug for which the nurse cannot provide a legitimate prescription. Positive drug screens performed for cause (impairment, suspected diversion) should be reported on the Employer Incident/Complaint Form.

Identifying Information of Nurse Being Reported:

Name _____

Address _____

_____

Telephone number (home)_____(cell)_____

SSN# _____-_____-_____ RN or LPN (circle one)

Certificate # _____ Issuing State: _____ Check if temporary license ☐

Employment Information

Name of facility licensee was working/applying for work: _____

Facility's Address:_____

_____

Dates of employment _____to_____

Description of Events Related to the Positive Drug Screen

Was the drug screen _____ Random

_____ Pre-employment

Provide a brief narrative of why the screen was done.

_____

_____

_____

Name of person making complaint (Primary Contact)

(You may attach business card)

Name:_____Title:_____

Company_____

Work
Address:_____
City State Zip

Work phone: _____ Cell phone: _____

E-mail:_____ Best time of day to reach you?_____

_____ _____
Signature of Complainant **Date**

Required Documents to Submit:

- ☐ Drug screen report.
- ☐ Evidence of review of the positive screen by a certified Medical Review Officer (MRO). A professional MRO is a licensed physician who is an expert in drug and alcohol testing and the application of federal regulations to the process.
- ☐ Evidence of Chain of Custody. A chain of custody is a legal designation that defines the circumstances under which the specimen was collected and ensures no tampering occurred. For specific information on how to collect a chain of custody specimen, contact the reference laboratory used by your agency.
- ☐ Copy of written statement from the nurse being reported (if available). If a written statement was not received from the nurse being reported explaining reason(s) for the positive test, then include a description of the licensee's verbal explanation.

USE OF THIS FORM WILL FACILITATE THE PROCESSING OF THIS REPORT.

Send form and accompanying information to:

Mailing Address	***OR***	***Physical Address (if overnighting)***
Complaint Coordinator		Complaint Coordinator
P. O. Box 2129		4516 Lake Boone Trail
Raleigh, NC 27602		Raleigh, NC 27607

If you have questions, call Alison Bailey at 919-782-3211 ext. 257. E-mail address: **abailey@ncbon.com**.