

# Supervisory Training Certification

## Drug Free Workplace (NON-DOT & DOT)



**UnityPoint Health**

**Trinity Regional Medical Center**

OCCUPATIONAL MEDICINE

### NON-DOT

Regulations require supervisory training when an employer does any type of drug or alcohol testing in the workplace.

**Iowa Law 730.5.9.h** states: "An employer shall require supervisory personnel of the employer involved with drug or alcohol testing under this section to attend a minimum of two hours of initial training and to attend, on an annual basis thereafter, a minimum of one hour of subsequent training."

If you are a Supervisor of NON-DOT employees:      **Two Hour Initial Training**      **9:30 AM – 11:30 AM**      **\$24.00**  
Please circle your choice of class      **One Hour Yearly Requirement**      **9:30 AM – 10:30 AM**      **\$13.00**

### DOT

Supervisors of DOT regulated employees are required to take a one-time, 2-hour course on drug or alcohol abuse in the workplace. This course is designed for new Designated Employer Representatives (D.E.R.), or any current D.E.R. or supervisor wishing to attend a refresher course.

**D.O.T. regulations 49 CFR Part 382.603** states: "Each employer shall ensure that all persons designated to supervise drivers receive at least 60 minutes on alcohol misuse and receive at least an additional 60 minutes of training on controlled substances use..." Recurrent training for supervisory personnel is not required.

If you are a D.E.R. or Supervisor of DOT employees:      **Two Hour Training Session**      **12:30 PM – 2:30 PM**      **\$24.00**  
Please circle your choice of class

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All classes are offered four times per year, and on the following dates for 2019:

Wednesday - March 6th / Wednesday - June 5th /  
Wednesday - September 11<sup>th</sup> / Wednesday - December 4<sup>th</sup>

**please circle your choice of class**

Classes will be held at Unity Point Occupational Medicine

Highland Park Center - 2520 9<sup>th</sup> Avenue South, Fort Dodge, IA - Phone: 515-574-6810

Company Name: \_\_\_\_\_ Participant: \_\_\_\_\_

Company Contact: \_\_\_\_\_ Participant: \_\_\_\_\_

Contact E-Mail: \_\_\_\_\_ Participant: \_\_\_\_\_

Phone: \_\_\_\_\_ Participant: \_\_\_\_\_

(please list additional participants on reverse side)

Please return completed form to the above address or fax to 515-574-6938