



# College of Health Sciences

## Department of Medical Laboratory Science

---

### Pre-Practicum Background Check and Drug Screening Release Form

---

I understand that before beginning practicum courses in the Professional Medical Laboratory Science Program I will be required to have a drug screen and a background check. I understand that I am responsible for the cost of these procedures and that the results of the procedures will be released to the University of Louisiana at Monroe College of Health Sciences Dean/Associate Dean. If there is any information of concern as a result of these procedures, I understand that I may not be allowed to begin the practicum component of the program which will affect my ability to graduate.

---

Student's Printed Name

---

CWID

---

Student's Signature

---

Date