



**Law Enforcement Officer Applicant
Drug Test Report**

INSTRUCTIONS: This form is to be used **ONLY** for reporting those applicants who have tested positive or failed to provide a urine specimen as instructed.

State law requires all law enforcement officer applicants to be tested for the illicit use of controlled substances before enrollment in basic training or application for certification. Such testing is to occur no sooner than 180 days before enrollment in basic training or 180 days before certification (for pre-service students).

For those applicants who have tested **NEGATIVE** and are eligible for training and/or licensing, the original laboratory report must be filed in the officer’s file with agency. Confirmation that the individual met the standard for the drug screen and the date of the test are reported via the MCOLES Network (MITN).

Steps to complete this form:

1. Complete the agency/applicant information section (Part I); **AND**
2. if the applicant tested positive, complete part II; **OR**
3. if the applicant failed to report to provide a sample or otherwise refused to give a urine specimen, complete Part III.

All reports of positive tests or failure to report must be made to the MCOLES immediately following the scheduled drug test. Send completed reports to:

**Michigan Commission On Law Enforcement Standards
Standards Compliance Section
PO Box 30633
Lansing, Michigan 48909**

| PART I | | |
|---|--|--------------------------------|
| Agency Name | Telephone No | |
| Agency Address (Street, City, State, Zip) | | |
| Applicant Name (Last, First, Middle) | Date of Birth (M/D/YYYY) | Social Security Number* |
| Applicant Address (Street, City, State, Zip) | | Drivers License Number |
| PART II | | |
| (Complete this section only for positive tests . Attach a copy of the lab report that documents the positive test results) | | |
| Laboratory Name | Laboratory Address (City, State) | |
| Date Tested (M/D/YYYY) | Indicate Drugs for Which The Applicant Tested Positive: | |
| Name of Person Completing This Section | Title/Rank | |

*This information is confidential. Disclosure of confidential information is protected by the Federal Privacy Act.

Please complete the back side of this form.

(04/18) **Destroy Previous Versions**

Questions regarding completion of this form should be directed to the Standards Compliance Section 517-636-7864.

PART III

(Complete this section only for a applicant who **fails to report for testing** or otherwise **refuses to provide a urine specimen**)

| | |
|--|---|
| Time, date, and location the applicant identified above was scheduled to provide a urine specimen. | |
| Date: | Time: |
| Name of Collection Site | Collection Site Address(Street, City, State, Zip) |
| Name of the person from your agency that directed the applicant to appear at the collection site identified above. | |
| Describe the circumstances of the "No-Show" | |
| Who originally reported the applicant as a "No-Show"? (e.g., a person from the collection site, the laboratory, etc.) | |
| Organization | Address |
| Was the applicant advised that if he/she failed to report to the collection site or otherwise failed to provide a specimen that it would be considered the same as a "Positive Test" and, therefore, he/she would be ineligible for training or certification as a law enforcement officer in Michigan for not less than two (2) years from the date of the no-show? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Was this information provided to the applicant before he/she was to report to the collection site? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Additional Information and/or Comments: | |
| Person Completing this Section | Title/Rank |
| Signature | Date |

| | |
|--------------------|-------------------------------------|
| AUTHORITY: | R28.4102(i) |
| COMPLETION: | Required |
| PENALTY: | No Enrollment/Licensing for 2 years |

(04/18) Destroy Previous Versions

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