



## Exhibit A: Policy Acknowledgement

I acknowledge that I have received, read, and agree to abide by the PRISM Drug and Alcohol Program Policy. I understand that this Policy has been approved and adopted by the Risk Control Committee. I understand that any infractions may be brought before the Risk Control Committee for their review.

Agency Name \_\_\_\_\_

DER's Name \_\_\_\_\_

DER's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please sign and return to PRISM Risk Control.