

Mt Bachelor Ski Patrol (MBSP) Controlled Substance Attestation

Name: _____

DOB: _____

Certification: EMT / Paramedic / Registered Nurse / Physician (MD/DO)

Date of License/Certification Expiration: _____

For each of the following questions, indicate yes or no:

1. Have you undergone a background check as part of your hiring process with Mt Bachelor or for your medical certification? YES / NO
2. Do you have an understanding of and are you willing and able to follow current established MBSP and East Cascade EMS protocols for the appropriate administration of controlled substances? YES / NO
3. Do you have an understanding of and are you willing and able to follow current established MBSP protocols and procedures for the handling and storage of controlled substances? YES / NO
4. Have you ever been convicted of a felony? YES / NO
5. Have you ever had a DEA registration denied, revoked, or surrendered for cause? YES / NO

Falsifying statements about criminal history or DEA history may constitute criminal misuse of a controlled substance and will also be grounds for revocation by the medical director of your authorization to provide medical care.

I attest that my statements indicated above are truthful:

Printed Name: _____ Date: _____

Signature: _____

Signature by the medical director below constitutes approval to access, handle, and administer controlled substances under applicable policies and procedures for one year from the date below, or until such approval is revoked in writing or the employee named above is terminated from the employ of Mt Bachelor Resort.

Patrick Fink, MD

Date: _____