

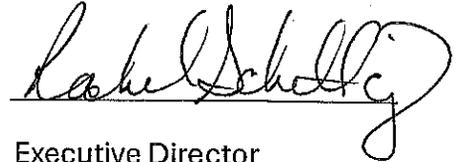
[Type here]

Health Providers, Ltd

I acknowledge that I have received and reviewed a copy of the Policy and Procedure on Alcohol and Drug Use.



Employee Signature



Executive Director

Date: 8-12-25