

## **GME For Cause Testing Authorization**

To be completed by the DIO, Program Director or their designee, or other acting supervisor

Name of House Staff* member to be tested	due to concern for possible impairi	ment:
Reason(s) why you have concern that the H specific, including times and dates where us witnessing the behavior. If you have concer include here:	nusual behavior was observed and the	he names and whereabouts of those
Based on the information above, it is my op is impaired with possible engagement in sul		to believe that this House Staff member
Signature	Date	Time
Name of supervisor completing this form: _		
Name of supervisor completing this form:	(optional)	explain your behavior or assist
be completed by the House Staff to be tested  Are you taking any medications or is there	(optional) any information you believe might of the second	

The original of this form must be forwarded to the GME Office, one copy kept by the Program Director, and one copy provided to the House Staff member who is being tested.