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NOTIFICATION OF UNAVAILABILITY FOR URINE DRUG SCREENS/OUT OF TOWN TIME.

ATTENTION: "Monitoring"

As required by your Consent Agreement/Order you must notify the Arizona State Board of Nursing of your unavailability to submit urine drug screens due to being out-of-town. You must also contact Sonora Quest Laboratory to inform of the dates that you are unavailable. Failure to inform the Board of Nursing, in writing, within **72 hours** of your scheduled absence is considered non-compliance with your Consent Agreement/Order.

I, _____ will not be available to submit urine drug screens
(Name)

from _____ to _____ due to being out-of-town.
(Date) (Date)

Sonora Quest Lab notified: Yes

(Please Print Your Name Here)

(License/Cert. Number)

(Signature)

Date: _____

Please duplicate this form prior to use for future use.