



**GME For Cause Testing Authorization**

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

1. Name of House Staff\* member to be tested due to concern for possible impairment:

\_\_\_\_\_

2. Reason(s) why you have concern that the House Staff member may be impaired due to substance abuse. Please be specific, including times and dates where unusual behavior was observed and the names and whereabouts of those witnessing the behavior. If you have concern that the House Staff member is abusing a particular substance(s), please include here:

3. Based on the information above, it is my opinion that there is reasonable cause to believe that this House Staff member is impaired with possible engagement in substance abuse.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time

Name of supervisor completing this form: \_\_\_\_\_

*To be completed by the House Staff to be tested (optional)*

Are you taking any medications or is there any information you believe might explain your behavior or assist with the interpretation of your test results?

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.

\*House Staff is a general term referring to those training in a GME program including interns, residents, and fellows.