

The DOT requires your Supervisors to be trained!

The FMCSA recommends that Supervisors take this training more than once because of the increase in drug abuse.

Reasonable Suspicion Training for HR, Managers, and Supervisors

March 8, 2017 (9:00 a.m. – 12:00 p.m.)

For hiring purposes, you should be able to recognize if any applicant is a substance abuser. While this training is required for those supervising drivers of commercial vehicles, other positions in your company are also susceptible.

We're in the midst of a substance abuse crisis. Have all of your

managers & supervisors been trained to recognize SUBSTANCE ABUSE?

Reasonable suspicion training should be aimed at all supervisors, managers, and human resource personnel. In today's environment, if you hire anybody, knowing what to look for in terms of a substance abuser is critical for the safety of your company and employees. While DOT regulations specifically require "all persons designated to supervise drivers" to receive 60 minutes of **mandatory** training on alcohol misuse and 60 minutes on controlled substances abuse (49CFR §382.603), this DOT-required training will also be useful by reviewing a policy for other positions within your company not covered by FMCSA regulations and will give employers and supervisors the information they need to determine if an applicant is a substance abuser before hiring.

****Certificates will be handed out at the conclusion of the seminar****

Location: NHMTA Training Room
19 Henniker St.
Concord, NH 03301

Date & Time: March 8, 2017
9:00 a.m.–12:00 p.m.

FEE SCHEDULE

\$50 per person (Members)
\$100 per person (Non-Members)

Three-day cancellation required for reimbursement.

Brought to you by:



PO Box 3898 • CONCORD, NEW HAMPSHIRE 03302-3898 • PH: 603-224-7337 • FAX: 603-225-9361 • LISAJ@NHMTA.ORG

Reasonable Suspicion - Please return this portion along with payment to: PO Box 3898, Concord NH 03302

I'm a member of: NHMTA Non-member (Please make checks payable to NHMTA)

Company: _____ Phone Number: _____
Address: _____ Email: _____
(A confirmation will be sent to the above email address)

Attendee(s): 1. _____ 2. _____
3. _____ 4. _____

Number of Attendees: _____ x Fee of \$ _____ each = Total Amount Enclosed: _____

Payment Type: Credit Card _____ Exp ____/____ CVV2 _____

Check (Make checks payable to member organization) Invoice (Members ONLY) Zip Code _____ 03082017AM