



Maryland Department of Health
Office of Health Care Quality-EDT Registration Program
7120 Samuel Morse Drive, Second Floor
Columbia, Maryland 21046
Phone: 410.402.8242 Fax: 410.402.8213

Instructions for Completion of Employer Point of Collection/On-Site Drug Testing Registration

This form is necessary to register or renew your registration for your business to conduct screening tests for drugs of abuse as required by Maryland Annotated Code: Health - General Article § 17-205 (d)(2). This registration allows you and/or your testing agent to perform drug-screening tests on job applicants using single use drug testing kits. Each individual testing site needs to be registered separately, and requires a separate application for each of the testing sites.

It is important that you fill out the registration form completely, including signatures where required. If the form is incomplete, the registration process will be delayed.

A person who violates the registration requirement or any provision of the Maryland Annotated Code regarding specimen testing may be subject to a criminal conviction and fine. (Maryland Annotated Code: Health - General § 17-605)

If you are no longer performing drug-screening tests on job applicants using single use drug testing kits, please notify this office in writing.

Once your application is received and processed, the appropriate Letter of Registration will be issued. **There is no fee for this registration.**

Please submit the completed registration form indicating whether this is an initial or renewal registration to:

**Maryland Department of Health
Office of Health Care Quality
EDT Registration Program
7120 Samuel Morse Drive, Second Floor
Columbia, Maryland 21046-3422**

If you have any questions, please contact the EDT Registration Program at 410-402-8242.



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Office Use Only

Registration Number: EDT -

Date Received:

Date Registration Mailed:

Initial Registration

Renewal

Employer Point-of-Collection/On-Site Drug Testing Registration Form

Business/Employer Name			
Address			Testing Site <input type="checkbox"/> YES <input type="checkbox"/> NO
City/State/Zip Code			
Contact Person Name/Position	Telephone	Fax	Email
Testing Agent (if not employer)		Telephone	Fax
Testing Agent Address			<input type="checkbox"/> YES <input type="checkbox"/> NO
City/State/Zip Code			Hours of Operation
Testing Agent Contact Person Name(s)			
Testing Site Location(s) (if not indicated above)			
Name and Address of Lab Used for Non-Negative Confirmation		Telephone	Fax
Name of Test Kit(s) and Manufacturer(s)			
Employer Signature	Title	Date	