



Application for the Drug-Free Safety Program Vendor Directory

The Ohio Bureau of Workers' Compensation (BWC) promotes safe and healthy workplaces in Ohio. The Drug-Free Safety Program Vendor Directory is a resource for businesses seeking assistance in the development and implementation of a drug-free program. Vendors listed in the directory must document they are qualified to provide services in accordance with Ohio Revised Code 153.03 by providing license/certifications at the time of application.

Fill in the provider/vendor information. If you have multiple locations, only complete ONE application for your main location. **Note:** Vendors are responsible for updating their information with BWC. If you have questions, email the BWC employer programs unit at EmployerProgramUnit@bwc.state.oh.us.

Submit the **form and supporting documentation** to BWC in one of the following ways.

Email: BWCDFSPVendor@bwc.state.oh.us

Mail: BWC Mail Processing Center
Attn: Employer Programs
30 W. Spring St.
Columbus, OH 43215-2256

Fax: 614-621-1405

Check if this application is New or an Update.

Check if you would like to be included on the public DFSP Vendor Directory

Drug-free vendors are listed on our website by the business name on their Certificate of Ohio Workers' Compensation Coverage. If you don't have a BWC policy number, apply for coverage through our website. If Ohio law does not require you to have coverage, skip BWC policy number.

Business name		BWC policy number	
Address		State	ZIP code
Contact name			
Telephone		Fax	
Email			
Website			
Counties served			

Services offered (Check all that apply.)

- | | | |
|---|--|---|
| <input type="checkbox"/> Brokerage services | <input type="checkbox"/> Employee education | <input type="checkbox"/> Specimen collection |
| <input type="checkbox"/> Consortium services | <input type="checkbox"/> Medical review officer services | <input type="checkbox"/> Supervisor training |
| <input type="checkbox"/> Employee assistance plan | <input type="checkbox"/> Policy development | <input type="checkbox"/> Training-the-trainer |

I certify that all information is complete and accurate, and no misrepresentations have been made by the provider or its employees.

Signature of officer, owner, partner, or designated management representative		Date
Printed name		