



Commercial Truck Driving Department

GPA _____
 CDL Date: _____

CTD Program Academic Advisement

Student Name: **Legal Name** _____

Class Begins: _____ Ends: _____

Student PIN: **Student ID** _____

CDL (AP) Number: _____

Date of Birth: _____

AP Issue: _____ AP Expire Date: _____

Program Admissions Criteria Met:

Required Age: _____ 21 – (18 cannot leave Georgia: Signed Acknowledgement)

7-yr MVR Submitted Clean No: Explain: _____

DOT Physical 2-yr Less: _____ Explain: _____

5-Panel Drug Screen- Sent to DER- Sheila Kisner Pass Fail: Explain: _____

Motor Vehicle Report Advisement

**Provided you receive no moving violations or have any accidents prior to graduation, the following advisement is given:*

- After reviewing your MVR, you should be able to obtain employment upon successful completion of the CTD Program.
- After reviewing your MVR, you may not be able to obtain employment in the transportation field with companies that hire students.
- You are under the age of 21 and must only drive Intrastate (within the State of Georgia), therefore you acknowledge that your employment options will be limited.

Occupational Course Curriculum

COURSE NO	CREDIT HOURS	COURSE NAME	CRN	SEMESTER ENROLLED (AY__, Term, Session)	CAMPUS	GRADE
CTDL 1010	3	Fundamentals Of Commercial Truck Driving		AY19, Summer, Days	Clarkesville	
CTDL 1020	2	Basic Operations			Clarkesville	
CTDL 1030	4	Advanced Operations			Clarkesville	

_____, I, _____, have read and acknowledge the above selections on this Academic Advisement Sheet.
Initial Legal Name



North Georgia Technical College's academic advisement process is designed to further the educational mission of the College by assisting students to be academically successful. Academic advisement is a collaborative teaching relationship among academic advisors, students, faculty, and the College community. Academic advisors support students to successfully transition to the College, explore life and career goals, and develop an academic plan. During advisement, students are also familiarized with college procedures and program requirements and directed to appropriate college resources. Advisors assist students to accomplish graduation and other educational

goals.

CTD Program Advisement Checklist

_____ I have completed the admissions process:

- Received college acceptance letter;
- Submitted official transcripts;
- Submitted financial aid application for the HOPE grant, HOPE Career Grant, and WIOA (2.0 GPA required);
- Notified advisor of any previous academic probation (below 2.0 GPA) or suspension.

_____ I understand these required program items will be completed on the first day of class or during registration:

- Orientation;
- Safety Meeting;
- Drug & Alcohol Awareness and Prevention training.

_____ I understand my courses are hybrid and I must access my course online:

- Course Syllabus and Appendix is located in the course's **Blackboard** homepage;
- Technical requirements for on-line course;

_____ I understand that all financial obligations must be met the first day of class:

- I may drop the course within the first 3 days. After which, I will enter the withdrawal period and my financial aid award may be recalculated in accordance with federal Title IV regulations. If I choose to withdraw from the course, I am strongly advised to contact the Financial Aid Office so the potential effects to my financial aid status can be discussed prior to withdrawal.

_____ I understand the following are requirements for graduation from the Commercial Truck Driving Program:

- Exit Exam
- Course Minimum: 2.0 GPA (C Grade)
- Successfully pass the Georgia State CDL Exam
- Submit an online graduation request form within one week of completion of the program.

_____, _____, have read and acknowledge the above selections on this Academic Advisement Sheet.
Initial Legal Name

Contact & Agreement Form

Student Contact Information

Legal Name: Legal Name Nickname: _____ Best Phone: _____

Address: No, Street, City & State Alternate Phone: _____

Email Address: _____
****Required email will be the primary method of contact!**

Emergency Contact: required Best Phone: _____

Relationship: required Alternate Phone: _____

Important medical information, such as allergies, seizures, blood pressure/sugar levels, back/neck problems, etc:

Controlled Substance, Alcohol & Safety Rules Agreement

Student: Check box to certify you read, understand, and agree with the following:

_____ Applicants to the Commercial Truck Driving Program will be required to undergo controlled substances as required by Title 49 of Federal Regulations, Section 382.301, and at our discretion, alcohol testing prior to enrollment in the CDTL 1020 & 1030 courses and will be subject to further testing throughout their period of enrollment. Applicants will also be asked to sign forms for release of information. Failure to sign will prevent SRTC from allowing you to perform safety-sensitive functions and you will not be able to complete the academic process.

_____ I understand that a verified positive test result for controlled substances and/or an alcohol concentration of 0.04 or higher will render me unqualified to operate a commercial motor vehicle.

_____ The medical review officer will maintain the results of my controlled substance test. Negative & positive results will be reported to North Georgia Technical College (NGTC). Alcohol test results will be maintained by NGTC.

_____ I certify that I have received a copy of the Controlled Substances Use and Alcohol Misuse Program included in the CTD Student Driver Handbook and agree to comply with the program procedures and safety rules for the Commercial Truck Driving Program.

Class A CDL Permit Agreement

Student: Check box to certify you read, understand, and agree with the following:

_____ I have been accepted into the Commercial Truck Driving Program at North Georgia Technical College.

_____ I understand that I must receive a Class A CDL Permit (AP) from the Department of Driver Services prior to performing safety-sensitive functions as indicated in the Commercial Truck Driving Program Student Driver Handbook.

_____ I must receive a Class A CDL Permit (AP) by the College's Drop/Add Period or I will be withdrawn from the course.

_____ I also understand that if I am withdrawn, for any reason, I must obtain a Class A CDL Permit (AP) from the Department of Driver Services before I can return to the Commercial Truck Driving program at North Georgia Technical College.

_____, _____, have read and acknowledge the above selections on this Academic Advisement Sheet.
Initial Legal Name

Student Signature

Date 6/12/19



CTD Program Rules

All students must follow procedures set forth in the CTD Student Driver Handbook to meet program standards and competencies. Failure to do so will result in dismissal from the program.

Taking photos, audio recordings, or videos of classmates, instructors, or equipment is strictly forbidden and will result in immediate dismissal of the program (first offense).

Classroom Procedures

1. *Be courteous & considerate of others in class.*
2. *Please stay on topic while in the classroom.*
3. *No food or drink at computer stations in the classroom.*
4. *Silence your cell phones & only use them during breaks/lunch only.*
5. *Dress properly for a school setting; shorts must be knee-length, no skimpy tops, and under garments showing, pants are to be worn at the waist (no sagging).*

Safety Rules on the Backing Range

1. *Students must enter & exit trucks facing inward, using 3-points of contact.*
2. *No horse play, music or cell phone use on the backing range.*
3. *Enclosed shoes must be worn at all times during this course.*
4. *Please dress appropriately for the weather, we spend many days outside.*
5. *Students must not operate truck on backing range without at least one instructor present.*
6. *Students may only be on the range when instructed to do so.*

Safety Rules for On-Road Driving

1. *All trucks must have a pre-trip vehicle inspection prior to leaving NGTC property.*
2. *NGTC student drivers must adhere to all Georgia traffic laws.*
3. *Absolutely no shifting gears while crossing railroad tracks.*
4. *NGTC students must remain seated when truck is in motion.*
5. *No one may disrupt or distract communications between student driver & instructor.*
6. *NGTC trucks must be traveling at least 10 mph below the posted speed limits for all interstate exit ramps.*
7. *When crossing railroad tracks: All NGTC students must roll down windows in an effort to listen for oncoming train, maintain a steady speed in an appropriate gear, look right, then left, then right again before crossing, and must continue checking for an oncoming train as they cross tracks. Follow the directions of your instructor.*

****NO AUDIO OR VIDEO RECORDING IS PERMITTED AT ANY TIME****

_____, _____, have read and acknowledge the above selections on this Academic Advisement Sheet.
Initial Legal Name



CTD Program Statement of Enrollment

Date: **06/12/19**

Student's Name: **Legal Name**

Student ID Number: **Student ID**

Dear Dr.;

The above-named student is currently enrolled in the Commercial Truck Driving Program at North Georgia Technical College in Clarkesville, GA.

He/she is seeking a DOT Physical so that they may take the Class A CDL Permit exams at Department of Driver Services. Therefore, we ask that you indicate ***Intrastate – No, CDL – Yes*** on the medical certificate, as he/she is a CDL Applicant.

If you have any questions, feel free to contact the NGTC's Truck Driving Department:

CTD Program
ATTN: Rob Rowland
1500 Hwy 197 N, Clarkesville, GA
Office: 706-754-7758

rob.rowland@northgatech.edu

Rob Rowland

Date



Release of Information Form - Pre-employment/Pre-enrollment

Habersham Medical Center
541 Historic Hwy 441, Demorest, GA 30535
(706) 754-2161 (No appt. necessary)

North Georgia Technical College

Drug Test to be completed immediately after obtaining Class A CDL permit.
Drug test results are required by the 6th day of class or student will be withdrawn

To be completed by NGTC's CTD Department and signed by student; and, if applicable, transmitted to previous employer or educational institution.

Student Name: **Legal Name**
Student ID Number: **Student ID**

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records to my current educational institution, *North Georgia Technical College*, to future employers and other Technical School System of Georgia institutions.

This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released to my current educational institution, is limited to the following DOT-regulated testing items:

1. Alcohol tests;
2. Drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Student Signature: _____

Date: 06/12/19 _____

Program Director Signature: _____

Date: _____

Educational Institution Name: North Georgia Technical College

Site Address: 1500 Hwy 197, Clarkesville, Ga 30523

Designated Program Representative: Sheila Kisner Phone (706)754-7773 Fax (706)754-7788

Please email results to: skisner@northgatech.edu



**DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY APPLICANT/DRIVER
REQUIRED BY PART 40.25(j).**

PART 40.25(j) requires Employers to ask Applicant/Driver whether he/she has tested positive or refused to test on any Pre-employment alcohol or drug test administered by an Employer to which the Applicant/Driver applied but did not obtain safety sensitive transportation work covered by DOT agency alcohol and drug testing rules during the past two (2) years.

NAME: Legal Name _____ DATE: _____

SOCIAL SECURITY # _____

Applicant/Driver to answer items listed below.

During the past two (2) years have you worked in a **safety-sensitive position** covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past two (2) years have you **tested positive** on a Pre-employment alcohol or drug test administered by Employer to which you applied for but did not obtain a safety sensitive transportation work covered by Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

During the past two (2) years have you **refused to test** on a Pre-employment alcohol or drug test administered by an Employer to which you applied for but did not obtain a safety sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

YES _____ NO _____

If you answered YES to either of the questions above, please provide documentation of your successful completion of the return –to–duty process required by Part 40 Subpart O.

Student Signature: _____ *Date:* _____

Advisor Signature: _____ *Date:* _____



Previous Employer; Release of Information Form – 49 CFR Part 40 Drug and Alcohol Testing

Section I. To be completed by the new employer/school, signed by the employee/student, and transmitted to the previous employer/school:

Employee/Student Printed or Typed Name: Legal Name _____

Employee/Student SS or ID Number: Student ID _____

I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer, listed in *Section I-B*, to the employer listed in *Section I-A*. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released in *Section II-A* by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher;
2. Verified positive drug tests;
3. Refusals to be tested;
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

Employee/Student Signature: _____

Date: _____

I-A.

New Employer/School Name: North Georgia Technical College _____

Address: 1500 Hwy 197 N, Clarkesville, GA 30523 _____

Phone #: (706)754-7773 Fax (706)754-7788 _____

I-B.

Previous Employer/School Name: _____

Address: _____

Phone #: _____

Designated Employer Representative (if known): _____

Section II. To be completed by the previous employer/school and transmitted by mail or fax to the new employer:

II-A. In the two years prior to the date of the employee's/student's signature (in Section I), for DOT-regulated testing ~

- | | |
|---|------------------------|
| 1. Did the employee/student have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee/student have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee/student refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee/student have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer/school report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered "yes" to any of the above items, did the employee/student complete the return-to-duty process? | N/A ___ YES ___ NO ___ |

NOTE: If you answered "yes" to item 5, you must provide the previous employer's report. If you answered "yes" to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

II-B.

Name of person providing information in *Section II-A*: _____

Title: _____

Phone #: _____

Date: _____

Retain for 3 years



I, _____, certify by my signature below:
Legal Name

_____ I have read, understand, and agree to all items marked on this Academic Advisement Packet.

_____ I have received instructions on how to access a copy of the Commercial Truck Driving Student Driver Handbook, which includes a copy of the Drug and Alcohol Testing Program, and instructions on how to access the syllabus in my hybrid classes located in Blackboard.

_____ I will comply with US Department of Transportation (DOT) regulations in parts 40, 382, 383 and 391, as well as State and/or local laws, related to alcohol and controlled substances testing, age, medical certification, licensing, and driver records, as required by §380.707(a).

X *Student Signature:* _____

Date: 6/12/19

X *Advisor Signature:* _____

Date: 6/12/19



**North Georgia Technical College
Commercial Truck Driving Program and Electrical Lineworker Program**

In addition to completing the North Georgia Technical College application, there are some additional items that must be completed before you can begin class.

Please return the following items to your program instructor by the College Drop/Add Deadline:

Summer Drop/Add Deadline - May 21, 2019

Fall Drop/Add Deadline - Mini-Mester A - August 21, 2019

Mini-Mester B - October 15, 2019

Rob Rowland - Electrical Lineworker Instructor
rob.rowland@northgatech.edu (706)754-7758

Daniel Card and Ken Ledford- Commercial Truck Driving
daniel.card@northgatech.edu (706)754-7836

Leslie McFarlin- Academic Dean
lmcfarlin@northgatech.edu (706)754-7820

Sheila Kisner- Designated Employee Representative for Academic Programs
skisner@northgatech.edu (706)754-7773

Students who do not provide the following will be subject to withdrawal procedures from the Commercial Truck Driving and Electrical Lineworker Programs.

Motor Vehicle Report from the DMVS

- For the last 7 years.
- Students that have more than 8 points or 3 moving violations and no driving under the influence (DUI) citations in the last 3 years are very limited in job availability.

DOT Physical Examination within 30 days prior to class.

- Students are responsible for all costs associated with physicals.
- Provide a copy of a satisfactory DOT Physical.
- Any participating facility providing DOT physicals is acceptable.

Obtain a Class A CDL Permit (AP)

- Pick up a CDL Driver's Manual from the Driver Services office or online at <http://www.eregulations.com/georgia/commercial/>.
- Study:
 - General Knowledge: Section 1 – 3
 - Air Brakes: Section 5
 - Combination Vehicle: Section 6

- Pass the CDL Class A Permit tests at Driver Services. You will take three tests: *General Knowledge, Air Brakes and Combination Vehicle.*

Proof of 5 Panel DOT Drug Screen.

- Immediately after obtaining your CDL Permit (only valid for permit holders)
- Only valid if performed within 10 days prior to class.
- Students are responsible for all costs associated with drug screens.
- Provide a copy of **proof of drug** screen to instructor.
- Send **results** to Sheila Kisner. See below

Use only- Habersham Medical Center

541 Historic Highway 441

Demorest Georgia 30535

Habersham Medical Center will email the completed Drug Screen forms to North Georgia Technical College

skisner@northgatech.edu (706)754-7773

You must bring your CDL Class A Permit, all 5 pages of your DOT Physical, and proof of DOT Drug Screen with you on the first day of class.

See Attached Request of Service Form to take to the hospital with you.

If you have any questions, feel free to call 706-754-7758, or email *rob.rowland@northgatech.edu*

Rob Rowland, Electrical Lineworker/CTD Instructor



Request for Service Form

Client: **North Georgia Technical College**

Program: **Commercial Truck Driving**

Donor Name: _____

Reason for Test:

- Pre Employment
- Random
- Reasonable Suspicion
- Post Accident

HMC LAB: Please collect as indicated (**X**)

Screen to be performed:

- Drug
 - 65304NN = **DOT DRUG PANEL W/TS**
- Alcohol
 - DOT Alcohol Swab Test

***Note* If positive—follow up with Breath Alcohol Test**

All Results to be sent to Sheila Kisner- North Georgia Technical College
skisner@northgatech.edu (706)754-7773

Company Representative

Date