

PERSONNEL SCREENING FORM – AUTHORIZED USER

To comply with federal Drug Enforcement Agency guidance, Virginia Commonwealth University requires that all persons who will have access to controlled substances during work or research activities to answer the following questions. By signing below, you authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. Any false information, omission of information, or misuse of controlled substances will jeopardize your position with the University. Information included herein will not preclude employment but will be considered as part of the overall evaluation of qualifications for the use of controlled substances. The protection of an individual's right to privacy will be upheld in all confidential inquiries. The Controlled Substances Training module must be completed and a copy of the score (minimum of 80%) must be attached to this form.

Full Name: _____
Circle: Faculty Staff Student Other: _____
Home Address: _____
Home Phone: _____ Date of Birth: _____
Lab/Office location: _____
Work Phone: _____ Work E-mail: _____

Answer the following Questions:

- 1) Within the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor, or are you presently formally charged with committing a criminal offense? Do not include any traffic violations, juvenile offenses, or military convictions, except by general court-martial. If the answer is yes, furnish details of conviction, offense, location, date, and sentence on a separate page. Yes* No
- 2) In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details on an additional page. Yes* No
- 3) Have you ever been denied a DEA registration, had a DEA registration revoked or surrendered a DEA registration for cause? If yes, please describe the basis for the DEA's action and the date this action occurred on an additional page. Yes* No

Applicant Signature: _____ Date: _____
Controlled Substances Training Completion Date: _____ (Attach copy)

DEA Registrant authorization for the person identified above to handle controlled substances:

DEA Registrant Signature: _____ Date: _____

The DEA Registrant should retain this completed questionnaire in a secure, confidential file.

*If the answer to any of the questions is "Yes," the individual should not be allowed to sign the Authorized Users Signature Log and the Office of Research Subjects Protection (controlsub@vcu.edu) contacted for further evaluation.