

West Virginia University

Use of Controlled Substances in Research

Personnel Screening Form for Authorized User of Controlled Substances

Per 21 CFR part 1301.90, the US Drug Enforcement Agency (DEA) requires that any person who will have access to controlled substances during work or research activities answer security-related employee screening questions prior to handling any controlled substance. Information provided will not preclude employment but will be considered as part of the overall evaluation of qualifications for access to controlled substances.

Personal Information	
Name:	Date of Birth:
Full Home Address:	Home/Cell phone #:

Work Information	
Title:	Role (e.g., Faculty, Staff, Student, Post-Doc, or other with description):
Lab Location (where you will access the controlled substances):	Controlled Substances in Research course completion Date:
WVU Phone #:	WVU email:

Screening 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 offences or military convictions, except by general court-martial.)	<input type="checkbox"/> No <input type="checkbox"/> Yes *(Provide details of conviction, offense, location, date and sentence separately)
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?	<input type="checkbox"/> No <input type="checkbox"/> Yes * (Provide details separately)
3. Have you ever been denied a DEA registration, had a DEA registration revoked or surrendered a DEA registration for cause?	<input type="checkbox"/> No <input type="checkbox"/> Yes * (Provide details regarding the DEA's action and date of action separately)

Use Questions	
4. Do you agree to handle, use, store, and dispose of controlled substances in a safe, ethical, and secure manner?	<input type="checkbox"/> No <input type="checkbox"/> Yes
5. Will you follow state and federal laws for the proper use, storage, and disposal of controlled substances?	<input type="checkbox"/> No <input type="checkbox"/> Yes
6. Will you report any work-related violations, incidents, accidents, or suspicious activity involving controlled substances to the Principal Investigator?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Any falsification of information, intentional omission of information, or misuse of controlled substances may result in disciplinary action, including termination of employment, as well as state and/or federal penalties. Signing below indicates that you authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. In addition, by signing this form, you agree to notify the DEA registrant immediately of any changes to the answers of the above questions.

For questions 1-3, If the answer to any is “yes,” contact WVU EHS regarding next steps. Do NOT allow the applicant to sign the Authorized Users Signature Log or handle controlled substances.

Certification	
Authorized User Signature:	Date:
DEA Registrant Signature:	Date:

After an Authorized User is certified to access controlled substances, their name must be added to the Authorized Users Signature Log located in the Controlled Substances notebook.

Authorized Use Termination	
Authorized User Signature:	*Date:
DEA Registrant Signature:	*Date:

The DEA registrant must retain this form in a secure confidential file. Retain the form in the registrant’s records for two years from the date (*) of the last signature on the form.

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Annual Review-Authorized User

The DEA registrant should review the Personnel Screening Form with the authorized user on a yearly basis (time between screenings should not exceed 365 days). If any of the answers to questions 1-3 has changed to “yes,” halt access of the authorized user to controlled substances and contact WVU EHS. If there are no changes to the Personnel Screening Form, sign and date below:

Annual Review	Authorized User Signature	Date	DEA Registrant Signature	Date
1				
2				
3				

Retain Annual Review with the Personnel Screening Form