Personnel Screening Program – Authorization Form

The Personnel Screening Program has been established to ensure that no individual has access to controlled substances who has been convicted of a felony offense relating to controlled substances or whose application for registration with the DEA has been denied for cause, or whose registration was revoked or surrendered for cause.

Authorized Custodians: To acquire, access, and use controlled substances, complete this application form and submit to the Controlled Substances Program Administrator. You will be notified when your application has been accepted and approved.

APPLICANT INFORMATION:

Name: ________________________________  Employee ID #: ____________

Within the past five years, have you been convicted of a felony offense relating to controlled substances? If the answer is yes, furnish details of conviction, offense, location, date, and sentence on additional page.

☐ Yes  ☐ No

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 additional page.

☐ Yes  ☐ No

Have you ever surrendered a DEA controlled substance registration or had a DEA controlled substance registration revoked, suspended, or denied for cause?

☐ Yes  ☐ No

By signing below, I authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. I understand that any false information, omission of information, or misuse of controlled substances will jeopardize my position with the University. Information included herein will not preclude me from utilizing controlled substances in non-human research, but will be considered as part of the overall evaluation of qualifications in the application.

The DEA requires that an employee who has knowledge of drug diversion from his/her employer by a fellow employee is obligated to report such information to a responsible security official of the employer. At UC Davis, all such reports are to be made in accordance with Policy and Procedure Manual, section 380-17 (http://manuals.ucdavis.edu/PPM/380/380-17.htm). The protection of an individual’s right to privacy will be upheld in all confidential inquiries.

Applicant signature: ________________________________  Date: ____________

This authorization form will be maintained in strict confidence.