

*Controlled Substance Authorized User Screening Form*

***Authorized users requested to have access to controlled substances must complete and sign statement. This must be kept with all records for DEA Registration.***

A. 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).

NO

YES (If yes, provide details of conviction, offense, location, date and sentence as an attachment)

B. Within the past three years, have you ever knowingly used any narcotics, amphetamines or barbiturates, other than those prescribed to you by a physician?

NO

YES (If yes, please provide details)

*Employee Responsibility to Report Drug Diversions (21 CFR, Part 1301.91)*

"Reports of drug diversion by fellow employees is not only a necessary part of an overall employee security program but also serves the public interest at large. It is, therefore, the position of DEA that an employee who has knowledge of drug diversion from his employer by a fellow employee has an obligation to report such information to a responsible security official of the employer. The employer shall treat such information as confidential and shall take all reasonable steps to protect the confidentiality of the information and the identity of the employee furnishing information. A failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area."

At the OSU all such reports can be made confidentially to the Director of Environmental Health and Safety who will inform the appropriate campus officials and initiate an investigation of the allegations.

*Illicit Activities by Employees (21 CFR, Part 1301.92)*

"It is the position of DEA that employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution for any illicit activity, but shall also immediately become the subject of independent action regarding their continued employment. The employer will assess the seriousness of the employee's violation, the position of responsibility held by the employee, past record of employment, etc., in determining whether to suspend, transfer, terminate or take other action against the employee."

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**I certify the accuracy of the above information and that I have read and understood the above statements.**

Applicant Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Applicant Initials\* \_\_\_\_\_

Applicant Signature\* \_\_\_\_\_ OSU ID \_\_\_\_\_

Name of DEA Registrant overseeing the work: \_\_\_\_\_

*\*Original signature/initials required for comparing initials and signature used on hard-copy CS records.*

Authorized User's Termination Date (if applicable): \_\_\_\_\_