



**Research Protections Office
Controlled Substances Committee**

Instructions to add a Authorized User to a DEA Registration and UVM CSC Permit

UVM Faculty who hold a DEA Controlled Substances License to conduct research and teaching activities with controlled substances must comply with applicable federal and state regulations when considering designating an authorized user for their CS License. The Drug Enforcement Administration (DEA) places the responsibility on the Registrant to obtain both criminal and drug-use background information from persons under consideration to be an authorized user. The requirements apply to University employees and any other individuals the Registrant is considering to be an authorized user of controlled substances for University research purposes.

The University has implemented a screening process for compliance with this DEA requirement. The person under consideration to be an authorized user must complete the ***Questionnaire for Access as an Authorized User of Controlled Substances.***

1. The Registrant identifies a person under consideration to be an authorized users of their DEA registration at the specific location identified on the registration.
2. The candidate completes the questionnaire and returns it to the Registrant.
3. The Registrant evaluates the questionnaire.
 - If the responses on the questionnaire indicate that the individual is not eligible to access controlled substances, the Registrant will inform this individual. The individual will not be allowed access to controlled substances used in that lab. The Registrant will determine the impact on this individual's job duties and assignment and, if necessary, will bring any concerns to HR.
 - If the responses to the questionnaire indicate that the potential Authorized User is eligible to access controlled substances, the Registrant will have the individual complete Controlled Substances Training, will conduct agent and procedure specific training for the Authorized User, and have them sign the Authorized Users Signature Log.
4. The Registrant retains completed questionnaires in a secure, confidential file.



Questionnaire for Access as an Authorized User of Controlled Substances

You must complete this questionnaire to legally access to controlled substances for research purposes.

You can refuse to complete the questionnaire, but you will not be designated as an Authorized User and will not be allowed to use controlled substances for research in the lab. If you choose not to fill out the form, you must tell the Registrant of your decision.

If you complete this form, you are legally required to answer all the questions. If the answer to any question is “Yes,” you will not be eligible to be an Authorized User for access to controlled substances unless the University finds sufficient extenuating circumstances.

The information requested on this form will be shared internally only with other University officials who have a professional need to know the information. External requests for the information will be disclosed only as authorized by law.

Note: You are required to provide updated information to your DEA Registrant if any of the answers below change from a “No” to a “Yes” while you have a University job or research responsibility with access to controlled substances.

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.)

Yes No

If the answer is yes, furnish details of conviction, offense, location, date and sentence. If applicable, include extenuating circumstances you believe existed.

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?

Yes No

If the answer is yes, furnish details.



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3. Have you ever been denied a DEA registration, had a DEA registration revoked or surrendered a DEA registration for cause?

Yes No

If yes, please describe the basis for the DEA's action and the date this action occurred. If applicable, include extenuating circumstances you believe existed.

ATTESTATION

I certify that the above information is accurate and complete to the best of my knowledge. I understand that I may be subject to disciplinary action, including possible termination, for failure to provide accurate and complete information at the time I sign this form, or failure to provide updated information to my supervisor and DEA Registrant if my answer to either of the above questions becomes "Yes" while I have a University job or research responsibility with access to controlled substances.

Name: (print/type) _____

Signature: _____

Date: _____

Please provide your date of birth or UVM employee ID# to verify records: _____

Registrant's Name: (print/type) _____