



Instructions for Questionnaire for Access to Controlled Substances for Research Purposes by Non-DEA Registration Holders

Individuals who conduct research and teaching activities with controlled substances must comply with applicable federal and state regulations relating to controlled substances. It is the position of the federal Drug Enforcement Administration (DEA) that the University must obtain information from non-practitioners who will access controlled substances for research purposes about any criminal convictions or unauthorized use of controlled substances in order to fairly assess the likelihood of an individual committing a drug security breach. The requirements apply to University employees and any other individuals including students, volunteers, and visitors who have access to controlled substances for University research purposes.

The University has implemented a process to ensure compliance with this DEA requirement. Under the process, before a person is allowed to sign the Authorized Users Signature Log and use controlled substances in the lab, they must first complete the ***Questionnaire for Access to Controlled Substances for Research Purposes by Non-DEA Registration Holders***.

The process is as follows:

1. The lab manager identifies those who need to be Authorized Users at their location and gives them the ***Questionnaire for Access to Controlled Substances for Research Purposes by Non-DEA Registration Holders*** to complete.
2. The Authorized User completes the questionnaire and returns it to the lab manager.
3. The lab manager evaluates the questionnaire.
 - If the responses on the questionnaire indicate that the individual is not eligible to access controlled substances based on the above criteria, the lab manager will inform this individual and their supervisor. The individual will not be allowed to sign the Authorized Users Signature Log nor will they be allowed access to controlled substances used in that lab. The supervisor 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 or lab manager will have the individual sign the Authorized Users Signature Log.
4. The lab manager forwards all completed questionnaires to the Department Registrant.
5. The Department Registrant retains completed questionnaires in a secure, confidential file.



**Questionnaire for Access to Controlled Substances for Research Purposes
by Non-DEA Registration Holders**

You must complete this questionnaire if you are a University of Vermont employee, student, volunteer or other individual acting on behalf of the University and your duties require access to controlled substances for University research purposes.

This form is not required for employees who already hold a registration with the federal Drug Enforcement Administration (DEA) and serve as a DEA Registrant under the University’s Controlled Substances in Research UOP.

The purpose of the questionnaire is to determine if you are disqualified under DEA regulations from having access to controlled substances for University research purposes while working under the DEA registration of another University employee (“DEA Registrant”). You are legally required to answer these questions. Information revealed by this questionnaire will not necessarily preclude employment or educational status, but if the answer to either question is “Yes,” you will not be eligible for a University job or research responsibility requiring access to controlled substances unless the University finds sufficient extenuating circumstances.

The information requested on this form will be shared internally only with your supervisor, your DEA Registrant under the controlled substances policy, and other University officials who have a need to know the information to do their jobs. Outside the University the information requested will be disclosed only as authorized by law.

Note: You are required to provide updated information to your supervisor and 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.

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.

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: _____

Supervisor's Name: (print/type) _____



The University of Vermont

FAQs for Access to Controlled Substances for Research Purposes by Non-DEA Registration Holders

How should a DEA Registrant interpret the answers to the questionnaire?

If the answer to any of the questions is “yes,” the person should not be allowed to sign the Authorized Users Signature Log and will not be allowed access to controlled substances.

What if someone answered “yes” in the questionnaire and filled in extenuating circumstances?

Please forward these situations to the Vice President for Research. In the rare situation where this might occur, there would only be very specific circumstances where someone might still be allowed access to controlled substances for research. One example might be where there was a felony drug offense, but because of certain situations that person was allowed to erase that felony from their files or was able to reduce it to lesser offense.

What if I have a current Authorized User who is now not allowed access to controlled substances for research because of the answers to this questionnaire?

Let the individual and his/her supervisor know of the situation. The individual’s job will not be lost automatically due to this situation and the supervisor should consider modified job duties and assignments. If this situation poses concerns for the unit, the supervisor may contact the local HR representative for assistance. If this individual’s job is significantly impacted by this change, then appropriate consideration should be given to re-assignment to another position, based upon that individual’s and department’s circumstances.

Can an individual refuse to complete the questionnaire to avoid reporting a “yes” answer? Y

Yes, an individual can refuse to complete the questionnaire, but this means the person will not become an Authorized User and will not be allowed to use controlled substances for research in the lab. Individuals who choose not to fill out the form must tell their supervisor of their decision. The individual’s job will not be lost automatically because of this situation and the supervisor should consider modified job duties and assignments. If this situation poses concerns for the unit, the supervisor may contact the local HR representative for assistance. If this individual’s job is significantly impacted by this change, then appropriate consideration should be given to re-assignment to another position, based upon that individual’s and department’s circumstances.