

PERSONNEL SCREENING FORM – AUTHORIZED USER

To comply with federal Drug Enforcement Administration guidance, Virginia Commonwealth University (VCU) requires that all individuals who will have access to controlled substances during work or research activities answer the following questions on a yearly basis. Information included herein will not preclude employment but will be considered as part of the overall evaluation of qualifications for access to controlled substances. The protection of an individual's right to privacy will be upheld in all confidential inquiries.

The Controlled Substances in Research course must be completed in Blackboard, and the page reflecting the applicant's score or the Course Completion Certificate must be kept with this form.

Full Name: _____

Title: _____

Circle: Faculty Staff Student Other: _____

Lab Location (Where You Will Access the Controlled Substances):

Work Phone: _____ Work Email: _____

Home Address: _____

Home Phone: _____ Date of Birth: _____

Answer the Following 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 offenses, or military convictions, except by general court-martial.) If the answer is yes, furnish details of conviction, offense, location, date, and sentence on a separate page.

Yes*

No

- 2) In the past three years, have you ever knowingly used any controlled substances (marijuana, narcotics, amphetamines, or barbiturates, etc.) other than those prescribed to you by a physician? If the answer is yes, furnish details on a separate page.

Yes*

No

- 3) Have you ever been denied a DEA registration, had a DEA registration revoked or surrendered a DEA registration for cause? If yes, please describe the basis for the DEA's action and provide the date this action occurred on a separate page.

Yes*

No

See page 2 for Signature Page

Any false information, omission of information, or misuse of controlled substances will jeopardize your position with VCU. By signing below, 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 if the answer to any of the above questions changes to a "Yes."

Applicant Signature: _____ **Date:** _____

Controlled Substances in Research Course Completion Date: _____

(Attach page reflecting the applicant's score or the Course Completion Certificate)

DEA Registrant authorization for the individual identified above to handle controlled substances via

direct (key or combination) access to inventory OR

access to separate lockbox.

DEA Registrant Signature: _____ **Date:** _____

The DEA Registrant must retain this completed form in a secure confidential file.

*If the answer to any of the above questions is "Yes," email controlsub@vcu.edu immediately regarding next steps. Do NOT allow the applicant to sign the Authorized Users Signature Log.

ANNUAL REVIEW – AUTHORIZED USER

The DEA Registrant must review the Personnel Screening Form with the Authorized User on a yearly basis. OVPRI suggests that the annual Personnel Screening Form review coincide with the renewal of the VA Board of Pharmacy registration.

If the answer to any of the above questions has changed to "Yes," then a new Personnel Screening Form must be completed, and the requested information must be sent to controlsub@vcu.edu immediately.

If there are no changes to the Personnel Screening Form, simply sign and date below:

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

After the second annual review, a new Personnel Screening Form must be completed (if the applicant remains an Authorized User at that point).