

**Controlled Substance Program Form 1:
UTHSC Authorized User Screening Statement
(based on 21 CFR 1301.90)**

UTHSC requires that all employees who have access to controlled substances used in research as a part of their work duties complete the following questionnaire in order to ensure compliance with the federal regulations governing controlled substances found at 21 CFR Section 1301.90. The U.S. Drug Enforcement Agency requires the collection of this information in order to “fairly assess the likelihood of an employee committing a drug security breach.” The information collected on this form will only be used by UTHSC to assess an employee’s security risk with respect to working with controlled substances.

- (1) Question. 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.

- (2) Question. 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.

Statement of Employee:

If I have knowledge of drug diversion from UTHSC (e.g., by a colleague, fellow employee, etc.), I agree that it is my obligation to report such information to a responsible individual, the DEA Memphis Resident Office and the UTHSC Police Department. This information will be treated as confidential and UTHSC shall take all reasonable steps to protect the confidentiality of the information and my identity, as the employee furnishing information. I understand that 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.

Signature

Date

Print Name _____