University of Memphis

Controlled Substance Research Record

Other Authorized Individual Screening Form

The following questions must be answered during screening of potential personnel or students when access to controlled substances is likely to be part of their employment or laboratory research training (21 CFR, 1301.90).

1.	Within the past five years, have you been convicted of a any misdemeanor, or are you presently formally charged (Do not include any traffic violations, juvenile offenses, o court-martial.) Yes No If the answer is yes, attach details.	with committing a criminal offense?
2.	In the past three years, have you ever knowingly used an barbiturates, other than those prescribed to you by a phologonal yes No If the answer is yes, attach details.	
3.	At any time, have you had an application for registration revoked, or has surrendered a DEA registration for cause	
colleag License diversi contro	re knowledge of controlled substance diversion from the Ugue, student, or fellow employee), I agree that it is my obliged Individual, EH&S, or University Police. I understand that on will be considered in determining the feasibility of my colled substances. I certify that this information is true, accurated and state laws/regulations associated with the use of considered with the use of considere	gation to report such information to the failure to report controlled substance continuing to work in an area using rate, and complete. I agree to abide by
Signed		Date
Print Na	me	 UID#

This form shall be maintained by the Licensed Individual with a copy to EH&S. Do not send this form to the DEA or State of Tennessee. Any changes to your status during the course of your employment must be reported to the Licensed Individual.