Screening Data Sheet for Authorized Personnel

Principal Investigators: Use this form to add Authorized Personnel to your Controlled Substance Use Authorization (CSUA).

The following is to be filled out by all proposed handlers of controlled substances (CS) (21CFR1301.90). Return the completed form to the CSUF EHS Controlled Substance Program Coordinator at T-1475 or fax 657.278.8240 or scanned & emailed to safety@fullerton.edu.

Applicant Information:

[ ] Add to CSUA (Authorized Personnel)        Provide CSUA#:
[ ] Authorized Recipient to Pickup Controlled Substance Shipments at EHS (Maximum two (2) designees)

**First Name:** [Blank]  **Last Name:** [Blank]  **Driver’s License #:** [Blank]  **Campus Wide ID # (CWID#):** [Blank]

**Status:**
[ ] Employee  [ ] Undergraduate Student  [ ] Graduate Student  [ ] Other:

**Supervisor’s Name:** [Blank]  **Supervisor’s E-mail:** [Blank]  **Supervisor’s phone number:** [Blank]

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 additional page.

[ ] Yes  [ ] No

In the past three years, have you ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician? If the answer is yes, furnish details on additional page.

[ ] Yes  [ ] No

Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied?

[ ] Yes  [ ] No

By signing below, I authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. I understand that any false information, omission of information, or misuse of controlled substances will jeopardize my position with the University. Information included herein will not preclude me from utilizing controlled substances in research at UCI, but will be considered as part of the evaluation of qualifications in the application.

I have reviewed California State University Fullerton Controlled Substances Policies and procedures and agree to abide by them:

**Applicant Signature:** [Blank]  **Date:** [Blank]

**PI Authorization for the person (identified above) to handle controlled substances issue to the PI:**

**Principal Investigator signature:** [Blank]  **Date:** [Blank]

**Principal Investigator Name:** [Blank]