

SOUTHERN ILLINOIS UNIVERSITY AUTHORIZED USER SCREENING QUESTIONNAIRE

Registrant/PI: _____ DEA Registration #: _____
Office Location: _____ Laboratory Location: _____
Phone: _____ Email: _____

The Drug Enforcement Administration (DEA) requires that all agents or employees with access to controlled substances as a result of his or her status as an agent or employee of a DEA registrant complete a screening process to assess the likelihood of an agent or employee committing a drug security breach. The need to know this information is essential to overall controlled substances security. The DEA states that conviction of crimes and unauthorized use of controlled substances are activities that are proper subjects for inquiry of an agent. Each SIU authorized user for a registrant must complete the questions below.

Be advised that any false information or omission of information may jeopardize your position with respect to the university. Information furnished in this questionnaire or recovered as a result of any inquiry will not necessarily preclude your ability to work with controlled substances, but will be considered as part of an overall decision to allow you to participate in those activities. The responses to this questionnaire will be held in the strictest of confidence, as allowed under applicable law.

1. Within the past five years, have you been convicted of a felony, or, within the past two years, any misdemeanor, or, are you presently charged with committing a criminal offense? Do not include traffic violations, juvenile offenses or military convictions, except by general court martial. Yes _____ No _____. If yes, furnish the details of conviction, offense, location, date and sentence.

2. In the past 3 years, have you ever knowingly used any narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician? Yes _____ No _____. If yes, furnish details.

I authorize Southern Illinois University to make inquiries of courts and law enforcement agencies for possible pending charges or convictions. I further authorize such courts, law enforcement agencies, and their respective employees, officers or agents, to release to Southern Illinois University and its employees, officers or agents any and all records or information in their control or possession regarding me and any possible pending charges or convictions. I understand that Southern Illinois University will protect my right of privacy, and will assure that the results of such inquiries will be treated in confidence, as allowed by applicable law. In addition, I acknowledge that I am aware of the rules and the restrictions associated with the use of controlled substances as outlined in both the State of Illinois Controlled Substances Act and federal law and regulations (Title 21 Code of Federal Regulations, Part 1300-1399; Title 21 United States Code (USC) Controlled Substances Act).

Agent Signature: _____ Date: _____

Agent Printed Name: _____ Dept: _____

Agent Laboratory/Activity Location: _____

Licensee/Registrant Signature: _____ Date: _____

Licensee/Registrant Printed Name: _____

Note: A copy of the completed form should be retained in the Registrant's Controlled Substance Record for at least two years following the cessation of controlled substance activities.