

Central Michigan University
Use of Controlled Substances in Research
Authorized Agent Screening Statement
(based on 21 CFR 1301.90)

The Drug Enforcement Administration (DEA) assumes that the following questions will be answered during screening of potential employees of Central Michigan University where access to controlled substances is likely to be part of their work. It is the position of the DEA that the obtaining of certain information by researchers is vital to fairly assess the likelihood of an employee committing a drug security breach. The need to know this information is a matter of business necessity, essential to overall controlled substances security. In this regard, it is believed that conviction of crimes and unauthorized use of controlled substances are activities that are proper subjects for inquiry.

Question One: 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.)

Yes No

If the answer is yes, furnish details of conviction, offense, location, date and sentence.

Question Two: 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.

Furthermore, if I have knowledge of drug diversion from Central Michigan University (i.e. by a colleague, student, or fellow employee) I agree that it is my obligation to report such information to the Principal Investigator or registrant, compliance officer, and The CMU Police Department. This information will be treated as confidential and Central Michigan University 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

This form will be maintained by the DEA registrant and should not be sent to the DEA or State of Michigan, Bureau of Health Professions. Any changes to your status during the course of your employment must be reported to the registrant.