

3. AUTHORIZED PERSONNEL *required for all (CS, L1, PC)*

[] Addition of Personnel to existing CSUA # (Provide CSUA # and list them below):

All Personnel listed must complete the Screening Data Sheet and training: **See Appendix A2 additional forms are available at <http://www.ehs.uci.edu/programs/occhlth/control.html>**

Name: Last, First	UCI E-Mail e.g. anteater@uci.edu	Controlled Substance Screening Data Sheet submitted? Yes/No	Controlled Substance training completed? Yes/No	Authorized to Pickup Controlled Substances from Student Health Pharmacy Yes/No	Date Added:	Date Deleted:

If you need additional rows hit the tab button.

[] Removal of Personnel to existing CSUA # (Provide CSUA # and list them below)

Name: Last, First	UCI E-Mail e.g. anteater@uci.edu

If you need additional rows hit the tab button.