

Controlled Substances Program Authorized Research Staff - Personnel Screening Data Sheet (PSDS)

Personnel Information

Applicant Name (Last name, first name): _____ Date of Birth: _____
 Phone #: _____ E-Mail Address: _____
 Home address: _____ City _____ State _____ Zip code _____
 PI Name: _____ PI phone #: _____ PI Email: _____
 Department: _____ Lab/Office Location: _____ CSUA #: _____

Controlled Substance training completion date: _____

Authorized Personnel Privileges (please select all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Lab CS Primary Contact | <input type="checkbox"/> Lab CS secondary Contact |
| <input type="checkbox"/> Authorized Recipient (receive Controlled Substance Shipments) | <input type="checkbox"/> Access to Storage Keys or Codes |

Please answer the following questions:

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.	<input type="checkbox"/> Yes Please explain _____ <input type="checkbox"/> 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	<input type="checkbox"/> Yes Please explain _____ <input type="checkbox"/> No
Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended, or denied?	<input type="checkbox"/> Yes Please explain _____ <input type="checkbox"/> No

By signing below, I agree to comply with UCR's Controlled Substances Program Policies and Procedures and 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 non-human research at UCR, but will be considered as part of the overall evaluation of qualifications in the application.

The DEA requires that an employee who has knowledge of drug diversion from his/her employer by a fellow employee is obligated to report such information to a responsible security official of the employer. At UCR, all such reports can be made confidentially to the Controlled Substances Program Manager who will inform the appropriate officials and initiate an investigation on the allegations. The protection of an individual's right to privacy will be upheld in all confidential inquiries.

Applicant signature: _____ Date: _____

PI/Supervisor Approval:

PI/Supervisor signature: _____ Date: _____

PI/Supervisor name: _____