## University of Michigan Controlled Substance Research Records Authorized Personnel Screening Statement

The following questions must be answered during screening of potential personnel or students when access to controlled substances is likely to be part of their employment or laboratory research training (21 CFR, 1301.90).

Print Name	
Signature	Date
(e.g., by a colleague information to the Pi Public Safety. This i reasonable steps to student furnishing in	of drug diversion from my site of employment or training at the University of Michigan e, student, or fellow employee), I agree that it is my obligation to report such rincipal Investigator – DEA registrant, OVPR compliance officer, or Department of information will be treated as confidential and the University of Michigan shall take all protect the confidentiality of the information and my identity, as the employee or information. I understand that failure to report information of drug diversion will be mining the feasibility of continuing to allow an employee or student to work in a drug
If the answer is yes,	furnish details.
Yes	□ No
	In the past three years, have you ever knowingly used any narcotics, amphetamines er than those prescribed to you by a physician?
If the answer is yes,	furnish details of conviction, offense, location, date and sentence.
Yes	□ No
<b>Question One:</b> 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.)	

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