

**Binghamton University**  
**Controlled Substance Research**  
**Authorized Personnel Screening Statement**

BU requires that all employees who have access to controlled substances used in research as a part of their work duties complete the following questionnaire in order to ensure compliance with the federal regulations governing controlled substances found at 21 CFR Section 1301.90. The U.S. Drug Enforcement Agency requires the collection of this information in order to “fairly assess the likelihood of an employee committing a drug security breach.” The information collected on this form will only be used by BU to assess an employee’s security risk with respect to working with controlled substances.

**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.

If I have knowledge of drug diversion from my site of employment or training at Binghamton University (e.g., by a colleague, student, or fellow employee), I agree that it is my obligation to report such information to the Principal Investigator – DEA registrant, OVPR compliance officer, or University Police. This information will be treated as confidential and Binghamton University shall take all reasonable steps to protect the confidentiality of the information and my identity, as the employee or student 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 or student to work in a drug security area.

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**Signature**

**Date**

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**B#**

**Print Name**

This form will be maintained by the Principal Investigator/DEA registrant for a period of two years from the Authorized Users employment end date and should not be sent to the DEA field office. Any changes to your status during the course of your employment must be reported to the Principal Investigator - DEA registrant.

I certify that (1) only individuals who report directly to me, the Principal Investigator, are allowed access to controlled substances (CS), (2) I am familiar with the requirements of the BU Controlled Substances Program; and (3) all uses of these controlled substances will be in accordance with these requirements and in compliance with DEA regulations.

The Principal Investigator is responsible for ensuring that all individuals designated below have completed and retaken annual training on CS security and record keeping

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**Principle Investigator Signature**

**Date**

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**Principle investigator Print Name**