## Non-PI Personnel Screening Form UCSB Controlled Substance Program

**Environmental Health & Safety** 

All proposed handlers of controlled substances (CS) must submit a Personal Screening Data Sheet to EH&S, per UCOP BUS 50 and 21CFR1301.90.

**Applicant**: Complete and submit this form to your PI for signature. Return form to EH&S by:

• Fax (805-893-8659), or Mail (Attn: Derek Iverson, MC: 5132)

APPLICANT INFORMATION:  Add to CSUA as an Authorized Personnel  Designate as CS Lab Contact (Circle one: Primary / Secondary)  Authorized Recipient (OK to Receive Controlled Substance Shipments)	
Name:	Date of Birth:
	Employee/Student #:
Home Address:	
Lab/Office Location:	Phone Number:
E-Mail Address:	Mail Code:
are you presently formally charged with committing	ed of a felony, or within the past two years of any misdemeanor, or a criminal offense? (Do not include any traffic violations, juvenile al court-martial.) If the answer is yes, furnish details of conviction, al page.
	es
In the past three years, have you ever knowingly prescribed to you by a physician? If the answer is	used any narcotics, amphetamines, or barbiturates, other than those yes, furnish details on additional page.
	es
Have you ever surrendered a controlled substance suspended, or denied?	e registration or had a controlled substance registration revoked,
	es
convictions. I understand that any false information jeopardize my position with the University. Information	nd law enforcement agencies for possible pending charges or on, omission of information, or misuse of controlled substances will ation included herein will not preclude me from utilizing controlled will be considered as part of the overall evaluation of qualifications
employee is obligated to report such information t reports can be made confidentially to the Controll	wledge of drug diversion from his/her employer by a fellow to a responsible security official of the employer. At UCSB, all such ed Substances Program Manager who will inform the appropriate tions. The protection of an individual's right to privacy will be upheld
Applicant signature:	Date:
PI authorization for the person (identified above	ve) to handle controlled substances issued to the PI:
Principal Investigator (Print):	DEA Reg #:
Principal Investigator signature:	Date: