University of Oregon Controlled Substance Authorized User Screening Form

Authorized users requested to have access to controlled substances must submit the following signed statement. Submit completed form with Background Check Permission Form to EHS, attn: Controlled Substance Manager.

misden	neanor or are you violations, juvenile	presently formally cha	icted of a felony, or within the par arged with committing a criminal convictions, except by general cou	offense? (Do not inc	lude any
		etails of conviction, o	ffense, location, date and sentenc	e as an attachment)	
than thos	se prescribed to yo	ou by a physician?	ingly used any narcotics, ampheta	mines or barbiturat	es, other
∐ YE	S (If yes, please pro	ovide details)			
		he University of Oreg or convictions I may	on to make inquiries of courts and have."	d law enforcement a	gencies for
Employee i	Responsibility to R	Peport Drug Diversion.	s (21 CFR, Part 1301.91)		
but also se of drug div responsible take all rea furnishing	eves the public interestion from his emes security official of sonable steps to purify a fail.	erest at large. It is, the aployer by a fellow em of the employer. The erotect the confidential ure to report informations.	not only a necessary part of an overefore, the position of DEA that a ployee has an obligation to repormployer shall treat such informat ality of the information and the idetion of drug diversion will be consork in a drug security area."	in employee who ha t such information t ion as confidential a entity of the employ	s knowledge o a nd shall ree
			e made confidentially to the Direc icials and initiate an investigation		l Health and
Illicit Activ	ities by Employees	s (21 CFR, Part 1301.92))		
themselves subject of i the employ	not only to State ndependent actionee's violation, the	or Federal prosecution regarding their cont position of responsib	ess, sell, use or divert controlled so n for any illicit activity, but shall a inued employment. The employer ility held by the employee, past re te or take other action against the *****	lso immediately bed will assess the seric ecord of employmen	come the ousness of
I certify th	e accuracy of the	above information a	nd that I have read and understo	ood the above state	ments.
Applicant	Printed Name			Date	
Applicant	UO Email			UO ID#	
Applicant	Signature*			Initials*	
		erseeing the work: equired for comparing	g initials and signature used on ha	ord-copy CS records.	
Authorized	User's Terminatio	on Date (if applicable):	·	_	