

QUESTIONNAIRE FOR EMPLOYEES OR INDIVIDUALS WORKING AT UCF WHO WILL HAVE ACCESS TO SUBSTANCES REGULATED BY THE DRUG ENFORCEMENT AGENCY OF THE UNITED STATES OF AMERICA

Instructions: **The form must be completed by all authorized users.** The form can be completed online but it <u>must</u> be printed and signed. Completed and signed forms must be kept in the Controlled Substances Manual.

The Drug Enforcement Agency requires that any person having access to controlled substances as a result of his or her status as employee or agent of the University of Central Florida answer the following questions. Any false information may jeopardize your position with respect to employment. Information revealed by this questionnaire will not necessarily preclude, but will be considered as part of the overall evaluation of your qualification. The responses on this questionnaire will be held in strictest confidence.

 In the past five years, have you been comisdemeanor or are you presently form include traffic violations, juvenile offens martial.) If answer is "Yes", furnish deta Yes No 	nally charged with committing a criminal es or military convictions, except by go	al offense? (Do not eneral court-
2. In the past three years, have you ever keep other than those prescribed to you by a ☐ Yes ☐ No	• •	
Name of Authorized User (Print)	Signature	
Principal Investigator / Permit Holder (Print)	Signature Signature	Date