

 Environmental Health and Safety <small>UNIVERSITY OF CENTRAL FLORIDA</small>	Effective Date: 04/26/2018	Form Number: EHS_SOP350_FORM002
TITLE: Possession of Prescription Drugs and Controlled Substances Procedure Consent Form	Responsible Authority: HSC Safety Coordinator	

*Instructions: **The form must be completed by the registrant and each authorized user.** The form can be completed online but it must be printed and signed. Submit all signed originals to the Health Sciences Campus Safety Coordinator. Place a copy of each form in the Controlled Substances Manual.*

First Name: _____ Last Name: _____

Department: _____

I, the undersigned, acknowledge that I have read and understand the UCF “Possession of Prescription Drugs and Controlled Substances Procedure” and further agree to abide by policies and procedures as required to continue my research involving controlled substances.

I understand that I must print this acknowledgement form and submit it to the EHS Controlled Substance Manager for records and a copy will be placed in the Controlled Substance Manual.

I understand that reviewing the procedure is valid for 3 years from the date below.

Signature: _____ Date: _____