

**QUESTIONNAIRE FOR EMPLOYEES OR STUDENTS WHO WILL HAVE ACCESS TO  
SUBSTANCES REGULATED BY THE DRUG ENFORCEMENT ADMINISTRATION OF  
THE UNITED STATES OF AMERICA  
UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN**

The Drug Enforcement Administration requires that any person who will have access to controlled substances as a result of his or her status as authorized personnel of a DEA registrant at the University of Illinois at Urbana-Champaign answer the following questions during the screening process to determine if they are eligible to access controlled substances. Any false information or omission of information may jeopardize your position with respect to the University. Information revealed by this questionnaire will not necessarily preclude employment or educational status but will be considered as part of an overall evaluation of your qualifications. The responses on this questionnaire will be held in the strictest confidence. Any changes to your status during the course of your employment must be reported to the DEA registrant and Illinois Human Resources. Completed forms must remain in a secure location by the registrant and a copy submitted to Illinois Human Resources.

1. In the past five years, have you been convicted of a felony, or within the past two years of any misdemeanor or are you presently charged with committing a criminal offense? (Do not include traffic violations, juvenile offenses or military convictions, except by general court-martial.)

Yes           No

If the answer is yes, furnish details of convictions, offense, location, date, and sentence.

2. 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.

3. Have you ever surrendered a controlled substance registration or had a controlled substance registration revoked, suspended or denied?

Yes           No

If the answer is yes, furnish details.

I authorize the University of Illinois to make inquiries of courts and law enforcement agencies for possible pending charges or convictions. I further authorize such courts, law enforcement agencies, and their respective employees, officers, or agents, to release to University of Illinois and its employees, officers, or agents any and all records or information in their control or possession regarding me and any possible pending charges or convictions. If I have knowledge of drug diversion at the University of Illinois, I agree that it is my obligation to report such information to the DEA registrant, the Division of Research Safety, or University of Illinois Public Safety.

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Signature

Date:

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Printed Name

Licensee/Registrant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Licensee/Registrant Printed Name: \_\_\_\_\_

*Note: A copy of this completed form must be retained in the Registrant's Controlled Substance Record for at least two years following the cessation of controlled substance activities.*