

University of North Dakota Questionnaire for Access to Controlled Substances for Research Purposes by Non-DEA License Holders

You must complete this questionnaire if you are a University of North Dakota employee, student, volunteer or other individual acting on behalf of the University and your duties require access to controlled substances for University research purposes. **There is one exception: this form is not required for employees who already hold a registration with the federal Drug Enforcement Administration (DEA).**

The purpose of the questionnaire is to determine if you are disqualified under DEA regulations from having access to controlled substances for University research purposes while working under the DEA registration of another University employee (DEA Registrant). You are legally required to answer these questions. Any false information or omission of information may jeopardize your position with respect to employment. If the answer to either question is "Yes," you will not be eligible for a University job or research responsibility requiring access to controlled substances unless the University finds sufficient extenuating circumstances.

Note: You are required to provide updated information to your supervisor and DEA Registrant if any of the answers below change from a "No" to a "Yes" while you have a University job or research responsibility with access to controlled substances.

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

Yes No

If yes, please describe the type of offense, the state and court where you were convicted and the date of conviction. If applicable, include extenuating circumstances you believe existed.

2. Have you ever been denied a DEA registration, had a DEA registration revoked or surrendered a DEA registration for cause?

Yes No

If yes, please describe the basis for the DEA's action and the date this action occurred. If applicable, include extenuating circumstances you believe existed.

3. 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 yes, please furnish details.

I certify that the above information is accurate and complete to the best of my knowledge. I understand that I may be subject to disciplinary action, including possible termination, for failure to provide accurate and complete information at the time I sign this form, or failure to provide updated information to my supervisor and DEA Registrant if my answer to either of the above questions becomes "Yes" while I have a University job or research responsibility with access to controlled substances.

Name: (print/type) _____

Signature: _____

Date: _____

Please provide your date of birth or UND employee ID# to verify records: _____

Supervisor's Name: (print/type) _____

FAQs

How should a DEA Registrant interpret the answers to the questionnaire?

If the answer to any of the questions is “yes,” the person should not be allowed to sign the Authorized Users Signature Log and will not be allowed access to controlled substances.

What if someone answered “yes” in the questionnaire and filled in extenuating circumstances?

Please forward these situations to [UND Office of Safety](#). Advice may be requested, as needed, to Human Resources or the Assistant General Counsel. In the rare situation where this might occur, there would only be very specific circumstances where someone might still be allowed access to controlled substances for research. One example might be where there was a felony drug offense, but because of certain situations that person was allowed to erase that felony from their files or was able to reduce it to lesser offense.

What if I have a current Authorized User who is now not allowed access to controlled substances for research because of the answers to this questionnaire?

Let the individual and his/her supervisor know of the situation. The individual’s job will not be lost automatically due to this situation and the supervisor should consider modified job duties and assignments. If this situation poses concerns for the unit, the supervisor may contact the local HR representative for assistance. If this individual’s job is significantly impacted by this change, then appropriate consideration should be given to re-assignment to another position, based upon that individual’s and department’s circumstances.

Can an individual refuse to complete the questionnaire to avoid reporting a “yes” answer? Yes, an individual can refuse to complete the questionnaire but this means the person will not become an Authorized User and will not be allowed to use controlled substances for research in the lab. Individuals who choose not to fill out the form must tell their supervisor of their decision. The individual’s job will not be lost automatically because of this situation and the supervisor should consider modified job duties and assignments. If this situation poses concerns for the unit, the supervisor may contact the local HR representative for assistance. If this individual’s job is significantly impacted by this change, then appropriate consideration should be given to re-assignment to another position, based upon that individual’s and department’s circumstances.