

You must complete this questionnaire if you are a University of Florida employee, student, volunteer, or other individual acting on behalf of the University and your duties require access to controlled substances for University research purposes. This form is not required for employees who already hold a registration with the federal Drug Enforcement Administration (DEA) and serve as a DEA Registrant under the University's policy on Using Controlled Substances in Research.

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. You are legally required to answer these questions. 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. Private data will be shared internally only with your supervisor, your DEA Registrant under the controlled substances policy, and other University officials who have a need to know the information to do their jobs. Private data will not be disclosed outside the University.

**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) **Have you ever been convicted of a felony drug offense? (a conviction includes a guilty plea) 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? If yes, please describe the basis for the DEA's action and the date this action occurred.**

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): \_\_\_\_\_ UFID #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name (print): \_\_\_\_\_