# Form 3

**UTSA Employee and Agent Screening Statement**

**(based on 21 CFR 1301.90)**

UTSA requires that all employees, students, visiting faculty, volunteers and anyone who has access to controlled substances used in research as a part of their work duties or who utilize UTSA resources and facilities for the research must complete the following questionnaire in order to comply with the federal regulations governing controlled substances found at 21 CFR Section 1301.90. The U.S. Drug Enforcement Agency requires the collection of this information in order to “fairly assess the likelihood of an employee committing a drug security breach.” The information collected on this form will only be used by UTSA to assess an employee’s security risk with respect to working with 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 the answer is yes, furnish details of conviction, offense, charge, location, date and sentence.

1. 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.

Employee Attestation:

If I have knowledge of drug diversion (as defined by the DEA, for example theft, loss, release or spills) from UTSA (e.g., by a colleague, student, fellow employee, etc.), I attest that it is my obligation to report such information to UTSA Police. This information will be treated as confidential and UTSA shall take all reasonable steps to protect the confidentiality of the information and my identity, as the employee furnishing information. I understand that failure to report information of drug diversion will be considered in determining the feasibility of continuing to allow an employee to work in a drug security area.

Signature Date

Print Name

DEA Registrant/ PI’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_