

**INVESTIGATOR, PRACTITIONER, AUTHORIZED USER ASSURANCE STATEMENT**

Questionnaire for West Texas A & M University personnel who will have access to substances regulated by the U.S. Drug Enforcement Agency or Texas Department of Public Safety.

To comply with federal Drug Enforcement Agency guidance, West Texas A & M University requires that all persons who will have access to controlled substances during work or research activities answer the following questions. By signing below, you authorize inquiries of courts and law enforcement agencies for possible pending charges or convictions. Any false information, omission of information, or misuse of controlled substances will jeopardize your position with the University. Information included herein will not preclude employment, but will be considered as part of the overall evaluation of qualifications in the application. The protection of an individual’s right to privacy will be upheld in all confidential inquiries.

Name: .

Authorization (circle one): Investigator Practitioner Authorized User

Circle one: Faculty Staff Other

Lab/Office location: . Phone:

E-mail address: . UIN: .

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.) If the answer is yes, furnish details of conviction, offense, location, date, and sentence on an additional page.

□ Yes □ No

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? If the answer is yes, furnish details on an additional page.

□ Yes □ No

Applicant signature: .

Date: .

DEA registration #: . TXDPS License #: .

Date: .