

## **Employee Questionnaire for Employees Who Will Have Access to Substances Regulated by the US Drug Enforcement Agency**

The Drug Enforcement Agency requires that any person who will have access to controlled substances as a result of employment at Temple University answer the following questions ([21 CFR §1301.90](#)). Any false information or omission of information may jeopardize your position with respect to employment. Information furnished in this questionnaire or recovered as a result of any inquiry will not necessarily preclude employment, but will be considered as part of an overall evaluation of your employment qualifications. The responses to this questionnaire will be held in the strictest of confidence.

1. Within the past five years, have you been convicted of a felony, or, within the past two years, 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 yes, furnish the details of conviction, offense, location, date and sentence.

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Verified by HR:

\_\_\_\_\_  
HR Authorized Signature

\_\_\_\_\_  
Date

2. In the past 3 years, have you knowingly used narcotics, amphetamines, or barbiturates other than those prescribed to you by a physician? Yes  No

If yes, furnish details.

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3. 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.

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I authorize Temple University to make inquiries of courts and law enforcement agencies for possible pending charges or convictions. I understand that Temple University will maintain fair employment practices, will protect my right of privacy, and will assure that the result of such inquiries will be treated in confidence. In addition, I acknowledge that I am aware of the rules and restrictions associated with the use of controlled substances in the state and federal regulations as well as Temple University policies and procedures.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Registrant Signature

\_\_\_\_\_  
Employee Name (print)

\_\_\_\_\_  
Registrant Name (print)

\_\_\_\_\_  
TUID (employee only)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date