



Brandeis University

Controlled Substances Office

Authorized User & Authorized Trainee Application Form

In compliance with DEA requirements, Brandeis University requires that all persons requiring access to controlled substances during the course of their research activities complete this form and gain approval from the Controlled Substances Office before access to Controlled Substances may be granted. A separate Application Form must be completed and approved for each License Holder under which the applicant will work.

Authorized Users are lab personnel, 21 years of age or older, who have been designated by a License Holder to handle or manage Controlled Substances in approved research. Those who wish to become Authorized Users must have completed the Brandeis University Controlled Substances Training and the Authorized User Application Form before Authorized User status can be approved by the Controlled Substances Officer.

Authorized Trainees are lab personnel under 21 years of age who have been designated by a License Holder to handle Controlled Substances in approved research. An Authorized Trainee may not have access to the License Holder's drug storage and must only use Controlled Substances in the presence of the License Holder and/or an Authorized User. Both the Authorized Trainee and the Authorized User/License Holder must sign the Drug Log for each use of a Controlled Substance.

Application for: **Authorized User*** **Authorized Trainee**

*By checking off "Authorized User", you are verifying that the applicant is at least 21 years of age.

License Holder: _____

License Holder Email: _____@brandeis.edu

Applicant Name _____ Position in Lab _____ Email _____@brandeis.edu
First MI Last

Home Address _____ City _____ State _____ Zip _____ Phone _____

1. Date of Applicant's Controlled Substances Training: _____

2. IACUC, IBC, and/or IRB Protocols on which the applicant will conduct research under this License Holder:

_____ # _____ # _____ # _____ # _____

3. Select each Controlled Substance to which the applicant will have access during the course of research under the License Holder:

Acepromazine Ketamine

Beuthanasia Tramadol

Buprenorphine Xylazine

Diazepam Zolpidem

Other (Sch. II-V) _____

4. Has the applicant been convicted of a felony within the past five years, convicted of a misdemeanor within the past two years, or is the applicant currently formally charged with committing a criminal offense (excluding traffic violations, juvenile offenses, or military conviction, except by general court-martial)?

Yes

No

If yes, additional details of the conviction offense, location, date, and sentence must be included on an additional page.

5. In the past three years, has the applicant ever knowingly used any narcotics, amphetamines, or barbiturates, other than those prescribed to you by a physician?

Yes

No

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

License Holder

I certify that the named applicant will perform any and all research activities using Controlled Substances under my direction, and that I accept responsibility for ensuring that the applicant is trained in State and Federal regulations regarding Controlled Substances as well as Brandeis University Policies and Procedures. I understand that I am personally and legally responsible for actions taken by the applicant under my DEA License and MA DPH Registration.

Applicant

By signing below, you authorize inquiries of courts and law enforcement agencies for possible pending charges and/or convictions. Any false information, omission of information, or misuse of Controlled Substances, will jeopardize your position with the University. Information included in this application will not preclude employment or appointment, but may 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.

By signing below, you certify that the information provided in this form is true and accurate. You also certify that you have never been convicted of a crime connected with Controlled Substances under State and Federal law and that you have never surrendered, or had a Federal Controlled Substances registration revoked, suspended, or denied. You acknowledge that you understand your responsibilities in ensuring compliance with all Federal and State regulations regarding Controlled Substances as well as Brandeis University Policies and Procedures.

License Holder _____ Date _____

Applicant _____ Date _____

Application for ☐ Authorized User ☐ Authorized Trainee: Received _____ Approved _____ Reviewed by _____