

# Authorized User Attestation Form for Controlled Substances



TULANE UNIVERSITY  
Office of Environmental  
Health & Safety  
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(Based on 21 CFR 1301.90) Tulane University (“Tulane”) requires that all employees who have access to Controlled Substances used in animal research or bench research as a part of their work duties complete the following questionnaire in order to ensure compliance with 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 Tulane to assess an employee’s security risk with respect to working with Controlled Substances.

1. **Question. 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, location, date and sentence.

2. **Question. 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.

3. **Question: Have you completed the training entitled, “Use of Controlled Substances in Research”, available on TULearn or Canvas?**

Yes  No If the answer is yes, attached completed training certificate.  
If the answer is no, stop and do not submit this form until you have completed the training.

## Statement of Employee:

I attest that my answers above are true and correct. I attest that if any of my answers above change, I will notify the Registrant immediately (within 24 hours). I understand my disclosures above will not necessarily disqualify me as an authorized user, but I understand that a dishonest statement will disqualify me. If I have knowledge of drug diversion from Tulane University (e.g., by a colleague, student, fellow employee, etc.), I agree that it is my obligation to report such information to the Tulane University Police Department. This information will be treated as confidential and Tulane University shall take all reasonable steps to protect the confidentiality of the information and my identity, as the employee furnishing the 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: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Tulane ID #: \_\_\_\_\_

Name and Department of Registrant that Authorized User will be working under: \_\_\_\_\_