

**CONTROLLED SUBSTANCES**

**AUTHORIZED USERS**

**Submit completed form to the Controlled Substances Program Manager at** [**nsgonzalez@westernu.edu**](mailto:nsgonzales@westernu.edu) **as a scanned email attachment (with signature) or send a hardcopy to Noe Gonzalez, RWC. An updated form must be submitted each time new personnel are added.**

**DEA Registrant Name:**

**(Note: This person is ultimately responsible for the security and recordkeeping of all Controlled Substances (CS))**

**Location of CS Storage:**

**(Storage locations must be approved by the CS Program Manager. Contact the Program Manager at x-8292).**

**Authorized Users (Include DEA registrant):**

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| --- | --- | --- | --- |
| **Name** | **Contact Information** | | **CS Training (Y/N)** |
| **Phone** | **Email** |
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| **Comments:** | | | |
| **I authorize the personnel listed above to use CS under my DEA registration and agree to have my CS storage locations approved by the Program Manager prior to use.**  **DEA Registrant Signature:**  **Print Name and Date:** | | | |