

Controlled Substance Authorized Users List

Please keep this list with the controlled substance records. This form shall be updated immediately upon making changes in personnel. For the individuals who no longer have access to controlled substance, enter the date their access was removed on the form. Please do not use white-out.

| Registrant Name: | | |
|---------------------|------|--|
| Location Address: _ | | |
| Location Name: | | |

Below is a current list of all individuals designated by me, the DEA registrant, to access controlled substances at the above location. In addition to the individuals listed below, the staff from ND Research Compliance Office that performs controlled substance inspection will also have access to the controlled substance.

| Name (print) | Department | Initials (as signed on forms) | Access Granted Date | Access Removed Date |
|-----------------|------------|---|---------------------------|------------------------|
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Registrant Signature: _____

Date: _____