

Instruction: Use this form to add or delete Authorized Personnel on your CSUA. If you are a new Responsible Individual (CSUA Holder), check the "Add to CSUA" box for original application.

**Authorized Personnel List for CSUA # \_\_\_\_\_**

Provide information on all personnel authorized to sign for, access, dispense, and/or handle Controlled Substances (CS). All individuals must have a completed Authorized Personnel Screening Form (CS Form B) and Controlled Substances training certificate on file.

The following list is current as of this date: \_\_\_\_\_

Name of Authorized Personnel	Authorization to Use Controlled Substances	Authorized to Pick-up CS?	Authorized Screening Form Submitted	Date Training Completed
<b>CSUA Holder (PI or Staff Manager)</b>	<input type="checkbox"/> Currently on CSUA <input type="checkbox"/> ADD to CSUA <input type="checkbox"/> DELETE from CSUA	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Primary Laboratory Contact</b> (To be contacted first for shipping, audit scheduling, etc. if applicable)	<input type="checkbox"/> Currently on CSUA <input type="checkbox"/> ADD to CSUA <input type="checkbox"/> DELETE from CSUA	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Authorized Personnel</b>	<input type="checkbox"/> Currently on CSUA <input type="checkbox"/> ADD to CSUA <input type="checkbox"/> DELETE from CSUA	<input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>Authorized Personnel</b>	<input type="checkbox"/> Currently on CSUA <input type="checkbox"/> ADD to CSUA <input type="checkbox"/> DELETE from CSUA	<input type="checkbox"/> YES <input type="checkbox"/> NO		
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If additional space is required, please attach a separate sheet.