

# FORM B

## DEMONSTRATION OF QUALIFICATIONS OF A METHADONE DRUG ANALYSIS SUPERVISOR (Important: Read Privacy Notification on reverse side)

*FOR OFFICIAL USE  
ONLY*  
Approved by: \_\_\_\_\_  
Date: \_\_\_\_\_

Activities related to this application are regulated by Title 17, Sections 1160 through 1196, in particular Section 1173 of the California Code of Regulations. The questions below relate directly to those regulations. They must be answered completely and the answers must demonstrate compliance with the regulations. Use attachment, if needed. Type or print in ink. Incomplete or incorrectly completed form will be returned.

Name of Supervisor _____	Name of Laboratory _____
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1. Do you possess a baccalaureate or higher degree or an equivalent in chemistry, biochemistry or other appropriate discipline?  Yes  No

COLLEGE OR UNIVERSITY	MAJOR	TOTAL HOURS Chem. Or Biochem.	DEGREE	DATE COMPLETED
		Sem.      Qtr.		
		Sem.      Qtr.		

2. Do you have two years of experience in performing drug analysis on biological fluids or tissues?  Yes  No

FROM Mo. Yr.	TO Mo. Yr.	TOTAL Yr. Mo.	JOB TITLES AND MOST IMPORTANT DUTIES PERFORMED <small>List each position separately; indicate Full Time or Part Time</small>	EMPLOYERS <small>Names, Address, and References</small>

3. Describe your experience in the interpretation of test results of analysis of drugs in urine by the following procedures (each of the descriptions must be explicit with regard to Section 1173):

- a. Chromatographic testing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- b. Spectrophotometric testing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
- c. Immunochemical testing:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominee's signature \_\_\_\_\_ Date \_\_\_\_\_

## PRIVACY NOTIFICATION

*The Information Practices Act of 1977 requires that the following information be provided when a form is used to obtain information from individuals.*

<b>Division:</b>  <b>Food, Drug and Radiation Safety</b>	<b>Section:</b>  <b>Abused Substances Analysis Section</b>	
<b>Type of Official Responsible for the Record:</b>  <b>Chief, Food and Drug Laboratory Branch</b>	<b>Address:</b> <b>850 Marina Bay Parkway, G365</b> <b>Richmond, CA 94804-6403</b>	<b>Telephone:</b>  <b>(510) 412-6220</b>

**Authority for Maintaining the Requested Information:**

**California Code of Regulations, Title 17, Sections 1215 through 1222.2**

**Submission of the Requested Information Is Mandatory, Except as Follows:**

**No exceptions**

**Consequences of Not Providing All or Any Part of the Requested Information:**

Failure to provide any part of the information requested regarding the candidate's qualifications will preclude the Department from being able to judge whether the candidate meets the qualifications set forth in the regulations for the classification for which he or she is nominated, and will require the Department to return the Form B qualifications form for completion.

**Principal Purpose(s) for Which the Information Is to Be Used:**

To demonstrate qualifications for Methadone Drug Analysis Supervisor

**Interagency or Intergovernmental Transfers Which May Be Made of This Information:**

None

*Each individual has the right to review personal information maintained on him/her by the agency,  
Unless exempted under Article 8 of the Information Practices Act.*