

10) Select ONLY the drug Schedules currently in use:

List the name of EACH specific drug used. Include attachments if more space is needed.

- IND _____
- I _____
- II _____
- III _____
- IV _____
- V _____
- VI _____

(Schedule VI includes all prescription drugs not in Schedules II-V.)

11) What is the source of the Controlled Substances and/or INDs supplied to/obtained by the researcher?

12) Has the study been approved by an Institutional Review Board (IRB) or Institutional Animal Care and Use Committee (IACUC)? Please attach copy of approval letter. Yes No

13) For what purpose will the Controlled Substances and/or INDs be used? Please be specific.

14) Describe, in detail, the manner in which the Controlled Substances and/or INDs be secured.

Exact location: _____

Construction of storage area: _____

Accountability system: _____

Names of all individuals (including P.I. and sub-investigators) permitted access: _____

15) Have you ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? Yes * No

16) Has any previous professional license or registration held by you under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending? Yes * No

* If you answered "Yes" to Question No. 15) or No. 16), a letter must be attached setting forth circumstances of such action(s).

I hereby certify that the information on this application is true to the best of my knowledge, and that I will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, section 49A, that I have to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.

Signed under the pains and penalties of perjury.

Signature of applicant _____

Principal Investigator/ Department Head

Date _____

Print name _____

Additional Documents Required to be Submitted with Your Application

- Enclose a copy of your current DEA Researcher Registration if applying for Schedules II –V. If a new DEA Researcher Registration application is needed, call the DEA Boston office at 617-557-2200.
- Attach a copy of an IRB or IACUC approval letter for any human/animal research which is not hospital based.
- Attach a copy of an FDA Form 1572 for any human research which is not hospital based and involves investigational new drugs

For Office Use Only	
Application approved by:	Comments:
Date:	