

MINNESOTA BOARD OF PHARMACY

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E-Mail: pharmacy.board@state.mn.us - Web: www.phcybrd.state.mn.us

**APPLICATION FOR CONTROLLED SUBSTANCE RESEARCHER
REGISTRATION**

REGISTRATION EXPIRES JUNE 1 OF EACH YEAR

FEE: \$25.00

Make Check Payable to: Minnesota Board of Pharmacy

NO RETURN OR REFUND OF FEES

State of Minnesota Taxpayer Identification Number: Federal 41-6007162 - State 4405717

NEW CONTROLLED SUBSTANCE RESEARCHER:

Are you replacing a registered controlled substance researcher? Yes No

If yes, please list the name of the researcher and their MN registration number

Date proposed research begins

- -
Mo. Day Year

PHONE NUMBER: _____

FAX NUMBER: _____

E-MAIL ADDRESS: _____

RESEARCH HOURS: M-F _____ to _____ Saturday _____ to _____ Sunday _____ to _____

1. **Print, type, or check all applicable boxes.**

Name of Researcher:

First Name _____ Middle Name _____ Last Name _____

Employment address, where drugs are stored:

Street Address: _____

City, State, Zip: _____

Mailing address, where renewals should be mailed:

Street Address: _____

City, State, Zip: _____

2. Check the appropriate item and complete affiliation information: (Attach additional sheet, if necessary)

Affiliation: Teaching Institution; Industry; Other, _____

Affiliate's Name: _____

Affiliate's Address: _____

City, State, and Zip: _____

3. List applicant's personal background and qualifications, as a researcher, using legend drugs and/or controlled substances. (Attach additional sheet, if necessary.)

4. Are you applying to obtain a DEA registration number? Yes No
5. If you are not applying for a DEA number, who will hold the DEA registration? (List Individual's Name, Registration Number, and DEA Number, if known.)

6. List names and addresses of all individuals who will have access to your stock of controlled substances. (Attach additional sheets, if necessary.)
7. Describe how you intend to use legend drugs and/or controlled substances in this research project: (Attach additional sheets if necessary)
8. Which controlled substances are you planning to use?
 Class I Class II Class III Class IV Class V
9. List the controlled substances you plan to use in your research project? (If you propose to grow Industrial Hemp or Marijuana for medical use research, a supplemental application is required.)
10. Please answer the following:
- Has the applicant habitually indulged in the illegal use of narcotics, stimulants, or depressant drugs; or habitually indulged in intoxicating liquors in a manner, which could cause conduct endangering public health? Yes No
 - Has the applicant ever made application for a registration/license as a controlled substance researcher in this state or any other state? Yes No
 - If yes, was the application denied? Yes No
 - If denied, for what reason? _____
 - If the registration was granted, was it later suspended, revoked, or placed on probation? Yes No
 - Have any warnings or reprimands been issued in connection with any violations? Yes No
 - If yes, what was the nature of the violation? _____
 - Has the applicant been convicted of theft of drugs or the unauthorized use, possession, or sale thereof Yes No If yes, specify: _____
 - Has the applicant been convicted in any court of a felony? Yes No
If yes, please provide details.
11. The data you supply on this form will be used to assess your qualifications for registration as a researcher. You are not legally required to provide this data, but we will not be able to grant the registration without it. This data will constitute a public record, if and when the registration is granted, and, at that time, copies may be issued to anyone.

I have read the above statement and I agree to supply the data on this form with full knowledge of the information provided in that statement.

I, the undersigned, do hereby certify that all of the information contained in this application and in any attachments or additional papers or documents submitted herewith is true and correct, and that the research will be conducted in compliance with all applicable laws and regulations.

Name of applicant – Please type or print

Signature of Applicant

Date

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