



ARGEO PAUL CELLUCCI  
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WILLIAM D. O'LEARY  
SECRETARY

HOWARD K. KOH, MD, MPH  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Division of Food and Drugs  
305 South Street, Jamaica Plain, MA 02130-3597  
(617) 983-6700 (617) 524-8062 - Fax

### INSTRUCTIONS FOR COMPLETING APPLICATION TO CONDUCT RESEARCH

- (1) Answer all questions on the application. **Incomplete applications cannot be accepted and will be returned.**

Enter the address at which the research is being done (Question 2). If you have a separate mailing address, please indicate this information (Question 3).

Be sure to indicate the drug schedules for which you are applying, and **list the drugs which are being used**. Please contact us if you need information on the drug schedules.

- (2) The Principal Investigator must sign the application.
- (3) Enclose copies of current Massachusetts Medical License, Massachusetts Controlled Substances Practitioner Registration (if any) and Drug Enforcement Administration Controlled Substances Registration.
- (4) If research is being conducted at more than one location, a separate registration is required at each location. Registrations are not transferable from one individual to another or from one location to another.
- (5) Please attach a copy of IRB approval letter (not required for hospital-based researchers).
- (6) Please submit a separate \$50.00 check payable to the Commonwealth of Massachusetts for each application.

If you have any questions, please contact Ann O'Brien at (617) 983-6717.



10. **Controlled Substances/INDs will be secured in what manner? (Please describe in detail the exact location, names of all individuals permitted access, construction of storage area, manner in which drugs will be stored and accountability system):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. **Has any previous registration held by the applicant under any name or corporate or legal entity under CSA been surrendered, revoked, suspended, denied, or is such action pending?**

Yes                       No

12. **Has the applicant been convicted of any violation of State or Federal law relating to the manufacture, distribution, or dispensing of controlled substances?**

Yes                       No

13. **Are you currently authorized to manufacture, distribute, dispense, prescribe, possess or otherwise handle controlled substances in another state or jurisdiction?**

Yes                       No

If yes, in which state(s)? \_\_\_\_\_

\* If yes for questions 11-12, attach letter setting forth circumstances of such action.

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 rules and regulations promulgated by the Department of Public Health. I also certify, pursuant to M.G.L. c.62C, s.49A, that I have to the best of my knowledge and belief filed all state returns and paid all state taxes required under the law.

*Signed under the pains and penalties of perjury*

Signature of principal investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**NOTE: All questions must be answered in their entirety or your application will be returned. To ensure your application is processed promptly, please include the following:**

- A \$50 check made payable to the Commonwealth of Massachusetts;
- A copy of the FDA Form 1572 (human research only)
- A copy of the Institutional Review Board approval letter (not applicable for hospital-based researchers)

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(FOR OFFICE USE ONLY)