

APPLICATION FOR CONTROLLED SUBSTANCE RESEARCH LICENSE

A controlled substance license is required for every person who manufactures, distributes, prescribes, dispenses, or conducts research as described in P.A. 368 of 1978, as amended. Select the license you are applying for from the list below:

- Analytical Laboratory Fee: \$88.40 [71-5304-3757]**
- Schedule 1 Research (includes instructional) Fee: \$88.40 [71-5304-3757]**
- Schedule 2-5 Research (includes instructional) Fee: \$88.40 [71-5304-3757]**

INFORMATION TO BE INCLUDED WITH APPLICATION

All Applicants:

- Credentials to Conduct the Proposed Research (including FDA & DEA approval)
- Protocol of the Proposed Research
- List of Controlled Substances & Doses to be Used
- Procedures for Storage & Security of Drugs
- List of Other Staff/Persons Involved

Analytical Laboratory (if conducting chemical analysis with a controlled substance listed in any schedule):
 IN ADDITION TO INFORMATION REQUIRED FOR ALL APPLICANTS, PLEASE PROVIDE

- Brief Resume Covering Activities Under Your Supervision

1. Demographic Information

First Name:	Middle Name:	Last Name:
U.S. Social Security #:		Birth Date:

Business Name:

Street Address:		Apt/Bldg #:
City:	State:	Zip Code:
Country:		
Phone Number:		Email Address:
Health Professional Permanent I.D./License Number:		Expiration Date:
County:	Federal Employer #	

Full Name:

2. Personal Data Questions

1. Have you ever been convicted of a felony? Yes
 No

If yes, please explain

2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years? Yes
 No

If yes, please explain

3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)? Yes
 No

If yes, please explain

4. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period? Yes
 No

If yes, please explain

5. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period? Yes
 No

If yes, please explain

6. Have you ever been fined, denied, revoked, suspended, reprimanded, placed on probation, otherwise disciplined, or the subject of a final adverse action by a licensure, registration, disciplinary or certification board as a holder of or applicant for, a license or registration regulated by this state, another state or territory of the United States, the United States military, the federal government, or another country? Yes
 No

If yes, please explain

7. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care staff privileges involuntarily modified? Yes
 No

If yes, please explain

8. Have you ever been treated for substance abuse in the past 2 years? Yes
 No

If yes, please explain

Note: If you answered "yes" to any of the questions in Section 2 (questions 1-8), you must provide a detailed explanation with copies of all available official and/or court documents related to your explanation along with your application. If you do not provide the explanation, your application will be deemed incomplete and processing will be delayed.

Full Name:

4. CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of the pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police, law enforcement, or judicial record-keeping organization.

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application. In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant _____ Date _____