

Applicant Name: _____

| | | |
|----------|----------------|--------|
| 9905/001 | Application | \$ 100 |
| 9905/006 | Regulatory Fee | \$ 10 |



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
OFFICE OF HEALTH RELATED BOARDS
TENNESSEE BOARD OF PHARMACY
665 MAINSTREAM DRIVE
NASHVILLE, TN 37243
PHONE: (615) 741-2718 FAX: (615) 741-2722
<http://health.state.tn.us/boards/pharmacy/>

APPLICATION FOR RESEARCHER

TYPE OF ACTIVITY: Scientific Research Chemical Analysis

| | | |
|---|---------------|----------------------|
| Name as it should appear on license: | | |
| Street Address: | | |
| Suite/Room #: | | Telephone No: |
| City: | State: | Zip Code: |
| Name of Primary Custodian: | | |

Email address: _____

Do you wish to receive notification, including renewal notification, from the Department of Health via email? ___ Yes ___ No

| | | |
|---|---------------|----------------------|
| Location where drugs are stored: | | |
| Street Address: | | Suite/Room #: |
| City: | State: | Zip Code: |

NATURE OF PROJECT: _____

Type of Drugs applicant proposes to handle:

- Schedule I Schedule II Schedule III Schedule IV Schedule V
 Non-controlled substance Legend Drug(s)

Will the applicant be administering or dispensing drugs to human subjects?

- Yes No If yes, protocol **MUST** have specific provisions for safe administration or dispensing and method of selecting humans as well as a current IRB Consent/Approval form.

ATTACHMENTS: (Check below and submit with this form)

- Fee of \$110 must accompany application
 Detailed protocol; must include name & quantity of each drug to be used
 Resume or Curriculum Vitae of person in charge of research
 Declaration of Citizenship & copy of I.D.

Has the applicant or, if the applicant is a corporation, association, partnership or other entity, has an officer, partner, or proprietor, been convicted of a felony in connection with legend drugs or controlled substances under state or federal law, or ever had a license or registration revoked, suspended or denied?

- Yes No If yes, attach a signed letter or explanation.

Signature _____

NOTARY PUBLIC: I attest that the above signature of _____
sworn to and subscribed to before me this _____ day of _____, _____
My commission expires _____ *Notary Signature* _____

AFFIX SEAL HERE

FOR DEPARTMENT USE ONLY

APPROVED BY: _____
Signature _____ *Date* _____

- _____ Asylees who meet the qualifications set out in 8 U.S.C. 1158
- _____ Refugees who meet the qualifications set out in 8 U.S.C. 1157
- _____ Persons who have been "paroled into the United States," under 8 U.S.C. 1182(d)(5) or whose deportation has been withheld under 8 U.S.C. 1253.
- _____ Cuban or Haitian entrants as defined by section 501(e) of the Refugee Education Assistance Act of 1980
- _____ Persons granted conditional entry into the U.S. under 8 U.S.C. 1153(a)(7) before April 1, 1980, because of persecution or fear of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity.
- _____ An alien who has been "battered" or subjected to "extreme cruelty" by a parent or spouse as defined by 8 U.S.C. 1641(c), and also meets the qualifications set out 8 U.S.C. 1641(c)(1)(B). Under the circumstances set out in 8 U.S.C. 1641(c)(2) and (3), victims' children, or the parents of children who are victims, may also apply for benefits as qualified aliens.

Applicants claiming **qualified alien status**, please submit one or more of the following forms of "documentation of identity and immigration status" as determined by U.S. Homeland Security to be acceptable for verification through the SAVE program. Common types of documents used to verify immigration status:

- I-327 (Reentry Permit)
- I-551 (Permanent Resident Card or "Green Card")
- I-571 (Refugee Travel Document)
- I-766 (Employment Authorization Card)
- Machine Readable Immigrant Visa (with Temporary I-551 language)
- Temporary I-551 stamp (on passport or I-94)
- I-94 (Arrival/Departure record)
- Unexpired foreign passport
- WT/WB Admission Stamp in unexpired foreign passport
- I-20 (Certificate of Eligibility for Nonimmigrant F(1) student status- "student visa")
- DS2019 (Certificate of Eligibility for Exchange Visitor (J-1) Status)

I affirm under the penalty of perjury that the above is true and correct.

Signed this _____ day of _____, 20__.

Signature

Sworn to before me this _____ day of _____, 20__.

NOTARY PUBLIC

AFFIX SEAL HERE

My Commission Expires: _____

If an applicant is discovered to be an unqualified alien, or otherwise ineligible for benefits under the Act, all recurring benefits provided to that applicant must be immediately terminated. Anyone who purposefully makes a false, fictitious, or fraudulent claim of U.S. citizenship or qualified alien status will be liable under the Tennessee Medicaid False Claims Act, or Tennessee's False Claims Act. Any person who conspires to defraud the state or any local health department by securing a false claim allowed or paid to another person in violation of the Act may be liable under Tennessee's False Claims Act. Upon discovery of an applicant's false, fictitious, or fraudulent claim of U.S. citizenship, state governmental entities and local health departments must also file a criminal complaint with the United States Attorney.

PLEASE USE THE TEMPLATE BELOW AS GUIDANCE FOR COMPLETING THE PROTOCOL TO BE
SUBMITTED WITH THE APPLICATION

Protocol

- I. TITLE OF PROJECT
- II. STATEMENT OF PURPOSE
- III. NAME AND AMOUNT OF CONTROLLED SUBSTANCE (dosage & total amount)
- IV. DETAILED DESCRIPTION OF RESEARCH
- V. DETAILED DESCRIPTION OF STORAGE OF CONTROLLED SUBSTANCE
(Including proposed total quantities to be stored and process for removal from storage)
- VI. SECURITY – All controlled substances should be secured in a vault depending on the type and amount of drug. Please contact the local DEA office for details of the vault requirements.