



State of New Hampshire
OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION
DIVISION OF LICENSING AND BOARD ADMINISTRATION
7 Eagle Square, Concord, NH 03301-2412
Phone: 603-271-2152

APPLICATION FOR PERMIT – RESEARCH ORGANIZATION

HANDLING PRESCRIPTION DRUGS AND/OR ACTIVE PHARMACEUTICAL INGREDIENTS PER NH RSA 318:51c
Return Application with payment of \$250.00

Location of Research Organization / Actual Facility Location Where Drug Products are Tested / Researched

Company Name: _____

Street Address: _____

City / State / Zip: _____

Telephone: _____ Email Address: _____

Parent Company (if none write none): _____ State of Incorporation (if corp.): _____

Name of Owner(s): Indicate Individual, Partners, Etc. (if corporation, show title of officers). Attach sheet if necessary.

Name	Address	Title
------	---------	-------

Name	Address	Title
------	---------	-------

Name	Address	Title
------	---------	-------

Is the above referenced company licensed by the board of pharmacy in the state of location:

Yes No

Within the last 5-years, has a resignation or licensure granted to the above referenced company or any of its owners, managing officers, or researchers by any state or federal agency been suspended, revoked, or otherwise disciplined? Yes No **(if yes, attach a detailed explanation, along with copy of legal documentation of discipline)*



State of New Hampshire
Office of Professional Licensure & Certification

7 Eagle Square, Concord NH 03301
Phone: 603-271-2152

Provide the name, title, email, and business mailing address of the person to whom the permit, future renewal applications, and all board communications should be directed:

Name: _____ **Title:** _____ **Tel. #:** _____

Email Address (must be entered to receive your NH license): _____

Mailing Address: _____

Categories of drug product being handled / researched?		
<input type="checkbox"/> Human Prescription Drugs	<input type="checkbox"/> Veterinary Prescription Drugs	<input type="checkbox"/> Other

Attachments & Declaration / Signature by Company Representative:

I affirm that I am the person authorized to sign this application for licensure and affirm that this application (including any accompanying documents) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete application, and if the registration herein applied for is granted. I hereby agree to and do submit to the jurisdiction of the NH Board of Pharmacy and to the laws and rules of this State.

Attachments:

1. If licensed by your home-state Board of Pharmacy, submit a copy of the company's current license / registration – if your home state does not require licensure of research organizations, please write N/A here: _____
2. If licensed and inspected by your home-state Board of Pharmacy, submit a copy of the facility's most recent inspection report – if your home state does not require licensure of research organizations or did not inspect your facility, please write N/A here: _____

Signature: _____ **Title:** _____ **Date:** _____

Incomplete Applications Will Not Be Accepted

Do Not Leave Any Blank Spaces – If Not Applicable, Write N/A & The Reason It Does Not Apply.

Any subsequent changes to the information on this form must be reported to the board in writing within 30 days.