

Controlled Substance Researcher Registration Renewal – Instructions

A Minnesota Board of Pharmacy-issued controlled substance researcher registration is a six-digit number that begins with a “5”. Every person who engages in research involving the use of such substances shall apply annually for registration by the state Board of Pharmacy provided that such registration shall not be required if the person is covered by and has complied with federal laws covering such research projects.

Renewal Fees

License renewal applications are due May 1 of each year, and licenses expire May 31 of each year. The current fees can be found on the chart below. To avoid late fees, the renewal and payment must be received by the Board office prior to the license expiration date. Any renewal application received after the license expires must submit the additional fee before the renewal will be processed.

State of Minnesota Tax ID: 4405717, Federal ID: 41-6007162.

Fees Chart

Type:	Annual Renewal Fee	Late Fee (due after 5/31)
Controlled Substance Researcher	\$150.00	\$75.00

FEES ARE NON-REFUNDABLE

Checklist

The items below are required documents that must be submitted together with the payment.

All Resident Applicants

- Application.** Complete the application in its entirety. Do not leave blanks. If an item or question is not applicable, indicate N/A.
- Payment.** Check made payable to the Minnesota Board of Pharmacy. See Fees Chart Above.
- Proof of DEA Registration.** Provide copy of DEA registration if applicable.
- List of Individuals.** Provide a list of all individuals that have access to controlled substances.
 - Use attachment A
- List of Research Projects.** Provide a list of all projects pertaining to prescription drugs and/or controlled substances.
 - Use Attachment B

Tennessee Warning

The Board of Pharmacy is seeking data from you which may be considered private or confidential under Chapter 13 of the Minnesota Government Data Practices Act. Minn. Stat. § 13.04, subd. 2 requires the Board to notify you of the following four matters before you are asked to supply such information about yourself or the entity you are applying on behalf of: (1) This data is being collected to determine whether you meet the requirements for licensure or registration as well as whether you have violated any statutes or rules the Board is empowered to enforce; (2) You are not legally required to complete and return this application, but failure to do so may result in the denial of this licensure application; (3) If you supply the data requested and it shows a violation of any of the statutes or rules enforced by the Board, you may be subject to disciplinary or other action by the Board. If you refuse to supply the data requested, your application may be denied. In addition, falsification or omission of information may be used by the Board as a basis for disciplinary action; and (4) The data which you supply will be accessible to Board staff. The data you supply may also be released to other persons and/or governmental entities who have statutory authority to review the data, investigate specific conduct, and/or take appropriate legal action. If the Board institutes a formal disciplinary action against you, the information you supply could become public.

Acknowledgement

I, the undersigned, do hereby certify I have full authority to sign on behalf of the Applicant. I have read the entire above warnings and I agree to supply the data in this application with full knowledge and understanding of those warnings. In addition, I do hereby certify that all the information provided in this application is true and correct and that the Applicant will be operated in compliance with all applicable State and Federal laws and regulations.

Signature of Applicant or Authorized Individual*

Date

Type or print Full Name above

Title/Position

*Digital Signatures are accepted.

Controlled Substance Researcher Renewal Application

Annual Fees – See Fees Chart on page 1.

Annual Fee payment is due May 1 each year and licenses expire May 31.

All payments are final and non-refundable.

Applicant Information

Full Legal Name of Researcher (First, Middle, Last)		SSN/ITIN	Application Renewal Cycle June 1, 2026 – May 31, 2027
Name of DEA Registration Holder		DEA Registration Number	MN License Number
Physical Address of where drugs are stored			
City		State	Zip Code
Mailing Address			
City		State	Zip Code
Phone Number		Email (for all future registration notifications)	

Which Controlled Substances are you planning to use?

Class I	Class II	Class III	Class IV	Class V

Affiliation Information

Affiliation Type	Teaching Institution	Industry	Other
Affiliate's Name			
Affiliate's Address			
City		State	Zip Code

List of Names and addresses of all individuals who have access to your stock of controlled substances.

- Complete Attachment A

List of research projects

- Complete Attachment B

Controlled Substance Researcher Attestation

Read each statement carefully and attest if true or false.

Yes	No
	<ol style="list-style-type: none">1. 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?2. Has the applicant ever made application for a registration/license as a controlled substance researcher in this state or any other state?3. Has the applicant ever been denied for a registration/license as a controlled substance researcher in this state or any other state?<ul style="list-style-type: none">• If Yes, attach a separate document with an explanation.4. Has the applicant ever had a controlled substance registration/license suspended, revoked, or placed on probation?<ul style="list-style-type: none">• If Yes, attach a separate document with an explanation.5. Have any warnings or reprimands been issued to the applicant in connection with any violations of questions three and four?<ul style="list-style-type: none">• If Yes, provide copies of all relevant and previously undisclosed court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms.6. Has the applicant been convicted of theft of drugs or the unauthorized use, possession, or sale thereof?<ul style="list-style-type: none">• If Yes, provide copies of all relevant and previously undisclosed court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms.7. Has the applicant been convicted in any court of a felony?<ul style="list-style-type: none">• If Yes, provide copies of all relevant and previously undisclosed court documents, including but not limited to guilty pleas, records of conviction, final disposition or adjudication, and orders for probation and their terms.

Acknowledgment

I, the undersigned, do hereby certify the following:

1. I possess the explicit authority to submit this renewal application on behalf of the Licensee;
2. All the information provided in this application is true and correct; and,
3. The Licensee will operate in compliance with all applicable law and regulations.

Signature of Applicant or Authorized Individual*

Date

Type or print Full Name above

Title/Position

*Digital Signatures are accepted.

Attachment B: List of Research Projects

Provide a complete list of all projects involving prescription and drugs and controlled substances.

Project Start Date:	Anticipated End Date:
Drug(s) To be utilized in Project:	
Description of how legend drugs and/or controlled substances are utilized in this project.	

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Drug(s) To be utilized in Project:	
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