

Class 5 & 7 Instructional Activities Protocol

In addition to the *License Application to Engage in a Controlled Substance Activity* (DOH-4330), complete and submit the following information for Class 5 & 7 Instructional Activities applications.

1. Applicant:

- (i) Applicant Name: _____
- (ii) Institution authorizing the controlled substance instruction activities:
Name: _____
Address: _____

(Attach the institution's controlled substance instructional activities policy – e.g., effective controls against diversion, etc.)

2. Instructor(s):

- (i) Qualifications & competence (Curriculum Vitae) of the controlled substance instructor(s) (e.g., K-9 handler, professor, etc.). (Attach CV)

A typical CV will include the following information:

- *Name & Contact Information*
- *Publications & Presentations*
- *Education*
- *Grants, Honors & Awards*
- *Employment & Experience*
- *Scholarly or Professional Memberships*

If the *Supervisor of Controlled Substance Activity* is not a controlled substance instructor, attach his/her CV as well.

3. Instructional Activities:

- (i) Nature & objective of the instructional activities. (Attach additional sheets as necessary)

Course Title:

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Nature & Objective (Concise Summary):

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- (ii) Name, schedule & quantity of the controlled substance(s) involved. (Attach additional sheets as necessary)

| Name | Schedule | Quantity |
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Appendix A2

(iii) Name, DEA registration NYS BOP & NYS BNE controlled substance license of the distributor or manufacturer providing the controlled substance(s).

| Company Name | DEA Registration # | NYS Board of Pharmacy # | BNE Controlled Substance License # |
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If controlled substances are to be obtained by any means other than via a DEA registered distributor or manufacturer, explain:
(Attach additional sheets as necessary)