



Research Advisory Panel of California
Office of the Attorney General
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004

For RAPC Office Use Only:

Date Received _____

PR# _____

Application for Review

ACADEMIC HUMAN RESEARCH SCHEDULE I OR SCHEDULE II CONTROLLED SUBSTANCES

Research Advisory Panel of California

All applicable sections of the application must be completed within the form field provided. Please type or print legibly. Note that certain fields require supporting attachments. Incomplete fields or missing attachments will delay the application process.

A. TITLE AND DESCRIPTION OF STUDY

Copy of Study Protocol Attached (Required)

B. PRINCIPAL INVESTIGATOR

Copy of CV of Principal Investigator (Required)

Name: _____

Institution: _____

Address: _____

City, State, Zip: _____

Direct Contact Phone Number: _____

Direct Contact E-mail Address: _____

C. LOCATION WHERE STUDY WILL BE CONDUCTED
