1. NAME OF SPONSOR
Multidisciplinary Association for Psychedelic Studies (MAPS)

2. DATE OF SUBMISSION
04/01/2010

3. ADDRESS (Number, Street, City, State and Zip Code)

4. TELEPHONE NUMBER (Include Area Code)

5. NAME(S) OF DRUG (Include all available names: Trade, Generic, Chemical, Code)
+/-3,4-methylenedioxyamphetamine; N-methyl-3,4-methylenedioxyamphetamine; MDMA; C11H15N02

6. IND NUMBER (If previously assigned)

7. INDICATION(S) (Covered by this submission)
Posttraumatic Stress Disorder

8. PHASE(S) OF CLINICAL INVESTIGATION TO BE CONDUCTED:

- [ ] PHASE 1
- [ ] PHASE 2
- [ ] PHASE 3
- [X] OTHER

IND# 63,384, DMF 6293

10. IND submission should be consecutively numbered. The initial IND should be numbered "Serial number: 0000." The next submission (e.g., amendment, report, or correspondence) should be numbered "Serial Number: 0001." Subsequent submissions should be numbered consecutively in the order in which they are submitted.

11. THIS SUBMISSION CONTAINS THE FOLLOWING: (Check all that apply)
- [X] INITIAL INVESTIGATIONAL NEW DRUG APPLICATION (IND)
- [ ] RESPONSE TO CLINICAL HOLD

- [X] PROTOCOL AMENDMENT(S):
- [X] CHANGE IN PROTOCOL
- [ ] NEW INVESTIGATOR
- [ ] RESPONSE TO FDA REQUEST FOR INFORMATION
- [ ] REQUEST FOR REINSTATEMENT OF IND THAT IS WITHDRAWN, INACTIVATED, TERMINATED OR DISCONTINUED

- [ ] INFORMATION AMENDMENT(S):
- [ ] CHEMISTRY/MICROBIOLOGY
- [ ] PHARMACOLOGY/TOXICOLOGY
- [ ] CLINICAL

- [ ] ANNUAL REPORT
- [ ] OTHER

- [ ] SERIAL NUMBER
  - [ ] 0 0 2 2

12. CHECK ONLY IF APPLICABLE
JUSTIFICATION STATEMENT MUST BE SUBMITTED WITH APPLICATION FOR ANY CHECKED BELOW. REFER TO THE CITED CFR SECTION FOR FURTHER INFORMATION.
- [ ] TREATMENT IND 21 CFR 312.35(b)
- [ ] TREATMENT PROTOCOL 21 CFR 312.35(a)
- [ ] CHARGE REQUEST/NOTIFICATION 21 CFR312.7(d)

13. FOR FDA USE ONLY
CDR/DBIND/DGO RECEIPT STAMP
DDR RECEIPT STAMP
DIVISION ASSIGNMENT:

IND NUMBER ASSIGNED: