

DEPARTMENT OF HEALTH AND HUMAN SERVICES
FOOD AND DRUG ADMINISTRATION

Form Approved: OMB No. 0910-0014.
Expiration Date: May 31, 2009
See OMB Statement on Reverse.

INVESTIGATIONAL NEW DRUG APPLICATION (IND)
(TITLE 21, CODE OF FEDERAL REGULATIONS (CFR) PART 312)

NOTE: No drug may be shipped or clinical investigation begun until an IND for that investigation is in effect (21 CFR 312.40).

1. NAME OF SPONSOR Multidisciplinary Association for Psychedelic Studies (MAPS)	2. DATE OF SUBMISSION June 22, 2009
3. ADDRESS (Number, Street, City, State and Zip Code) 3 Francis St., Belmont MA 02478-2218	4. TELEPHONE NUMBER (Include Area Code) 617-484-8711
5. NAME(S) OF DRUG (Include all available names: Trade, Generic, Chemical, Code) +/-3,4-methylenedioxyamphetamine; N-methyl-3,4-methylenedioxyamphetamine, MDMA, C11H15NO2	6. IND NUMBER (If previously assigned) 63,384

7. INDICATION(S) (Covered by this submission)
Training of therapists to conduct research into the use of MDMA-assisted psychotherapy in subjects with posttraumatic stress disorder (PTSD).

8. PHASE(S) OF CLINICAL INVESTIGATION TO BE CONDUCTED:
 PHASE 1 PHASE 2 PHASE 3 OTHER Supporting therapist training
(Specify)

9. LIST NUMBERS OF ALL INVESTIGATIONAL NEW DRUG APPLICATIONS (21 CFR Part 312), NEW DRUG OR ANTIBIOTIC APPLICATIONS (21 CFR Part 314), DRUG MASTER FILES (21 CFR Part 314.420), AND PRODUCT LICENSE APPLICATIONS (21 CFR Part 601) REFERRED TO IN THIS APPLICATION.
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.**

SERIAL NUMBER
0 0 1 9

11. THIS SUBMISSION CONTAINS THE FOLLOWING: (Check all that apply)

INITIAL INVESTIGATIONAL NEW DRUG APPLICATION (IND) RESPONSE TO CLINICAL HOLD

PROTOCOL AMENDMENT(S):	INFORMATION AMENDMENT(S):	IND SAFETY REPORT(S):
<input checked="" type="checkbox"/> NEW PROTOCOL	<input type="checkbox"/> CHEMISTRY/MICROBIOLOGY	<input type="checkbox"/> INITIAL WRITTEN REPORT
<input type="checkbox"/> CHANGE IN PROTOCOL	<input type="checkbox"/> PHARMACOLOGY/TOXICOLOGY	<input type="checkbox"/> FOLLOW-UP TO A WRITTEN REPORT
<input type="checkbox"/> NEW INVESTIGATOR	<input type="checkbox"/> CLINICAL	
<input type="checkbox"/> RESPONSE TO FDA REQUEST FOR INFORMATION	<input type="checkbox"/> ANNUAL REPORT	<input type="checkbox"/> GENERAL CORRESPONDENCE
<input type="checkbox"/> REQUEST FOR REINSTATEMENT OF IND THAT IS WITHDRAWN, INACTIVATED, TERMINATED OR DISCONTINUED	<input type="checkbox"/> OTHER _____	(Specify)

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 CFR 312.7(d)

FOR FDA USE ONLY

CDR/DBIND/DGD RECEIPT STAMP	DDR RECEIPT STAMP	DIVISION ASSIGNMENT:
		IND NUMBER ASSIGNED:

12.

CONTENTS OF APPLICATION

This application contains the following items: (Check all that apply)

1. Form FDA 1571 [21 CFR 312.23(a)(1)]
2. Table of Contents [21 CFR 312.23(a)(2)]
3. Introductory statement [21 CFR 312.23(a)(3)]
4. General Investigational plan [21 CFR 312.23(a)(3)]
5. Investigator's brochure [21 CFR 312.23(a)(5)]
6. Protocol(s) [21 CFR 312.23(a)(6)]
- a. Study protocol(s) [21 CFR 312.23(a)(6)]
- b. Investigator data [21 CFR 312.23(a)(6)(iii)(b)] or completed Form(s) FDA 1572
- c. Facilities data [21 CFR 312.23(a)(6)(iii)(b)] or completed Form(s) FDA 1572
- d. Institutional Review Board data [21 CFR 312.23(a)(6)(iii)(b)] or completed Form(s) FDA 1572
7. Chemistry, manufacturing, and control data [21 CFR 312.23(a)(7)]
- Environmental assessment or claim for exclusion [21 CFR 312.23(a)(7)(iv)(e)]
8. Pharmacology and toxicology data [21 CFR 312.23(a)(8)]
9. Previous human experience [21 CFR 312.23(a)(9)]
10. Additional information [21 CFR 312.23(a)(10)]

13. IS ANY PART OF THE CLINICAL STUDY TO BE CONDUCTED BY A CONTRACT RESEARCH ORGANIZATION? YES NOIF YES, WILL ANY SPONSOR OBLIGATIONS BE TRANSFERRED TO THE CONTRACT RESEARCH ORGANIZATION? YES NO

IF YES, ATTACH A STATEMENT CONTAINING THE NAME AND ADDRESS OF THE CONTRACT RESEARCH ORGANIZATION, IDENTIFICATION OF THE CLINICAL STUDY, AND A LISTING OF THE OBLIGATIONS TRANSFERRED.

14. NAME AND TITLE OF THE PERSON RESPONSIBLE FOR MONITORING THE CONDUCT AND PROGRESS OF THE CLINICAL INVESTIGATIONS
Rick Doblin PhD15. NAME(S) AND TITLE(S) OF THE PERSON(S) RESPONSIBLE FOR REVIEW AND EVALUATION OF INFORMATION RELEVANT TO THE SAFETY OF THE DRUG
Rick Doblin PhD

I agree not to begin clinical investigations until 30 days after FDA's receipt of the IND unless I receive earlier notification by FDA that the studies may begin. I also agree not to begin or continue clinical investigations covered by the IND if those studies are placed on clinical hold. I agree that an Institutional Review Board (IRB) that complies with the requirements set forth in 21 CFR Part 56 will be responsible for initial and continuing review and approval of each of the studies in the proposed clinical investigation. I agree to conduct the investigation in accordance with all other applicable regulatory requirements.

16. NAME OF SPONSOR OR SPONSOR'S AUTHORIZED REPRESENTATIVE
Rick Doblin Ph.D, President, MAPS

17. SIGNATURE OF SPONSOR OR SPONSOR'S AUTHORIZED REPRESENTATIVE

18. ADDRESS (Number, Street, City, State and Zip Code)
3 Francis Street, Belmont MA 02478-221819. TELEPHONE NUMBER (Include Area Code)
617-484-871120. DATE
06/22/2009**(WARNING: A willfully false statement is a criminal offense. U.S.C. Title 18, Sec. 1001.)**

Public reporting burden for this collection of information is estimated to average 100 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to:

Department of Health and Human Services
Food and Drug Administration
Center for Drug Evaluation and Research
Central Document Room
5901-B Ammendale Road
Beltsville, MD 20705-1266

Department of Health and Human Services
Food and Drug Administration
Center for Biologics Evaluation and Research (HFM-99)
1401 Rockville Pike
Rockville, MD 20852-1448

"An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number."

Please DO NOT RETURN this application to this address.