NAPRA ANORP

National Association of Pharmacy Regulatory Authorities ®
Association nationale des organismes de réglementation de la pharmacie

NATIONAL DRUG SCHEDULES PROGRAM

Application for Interested Party Status

Please provide an overview of your background as an individual or organization, including:

- Your name (for individuals) or the name of the organization
- For individuals - An overview of your purpose and goals for requesting interested party status
- For organizations – A 1-2 sentence summary of the purpose and goals of the organization
- For organizations – General information about how your organization is funded (e.g., are you for profit or not for profit, do you receive funding from sales, grants, investments, donations).

Please provide an overview of the evidence-based information related to the scheduling factors that you or your organization would provide if granted Interested Party status. Note: the information does not need to be submitted at this time, but an explanation of the type of information you would submit is required.

Evidence-based information can be submitted via the Alternate Method of Participation. Please explain why you feel that you or your organization needs to be granted Interested Party status, which would enable you to make interrogatories of the applicant or other interested parties and make a presentation to the NDSAC.

Please explain why you believe it would be in the public interest for you or your organization to be granted interested party status.

Please explain what you would see as the consequences to the public interest should your organization not be granted interested party status, remembering that information can be submitted via the Alternate Method of Participation.

Please provide any additional rationale to support your application for interested party status that is focused on the public interest and based on evidence-based information related to the scheduling factors.