**Section 2085.20 Authorization Procedure**

a) Hospital

1) Submit copies of Federal registration forms to the Department with a cover letter that:

A) identifies the institution,

B) indicates agreement to comply with Federal and State regulations and protocol concerning the use of THC, and

C) agreement to promptly notify the Department in writing of any physician enrolled or disenrolled in the research.

2) Notification to the Department of a physician's enrollment will be accomplished by the hospital's endorsement on the individual physician's letter of registration. A copy of the hospital letter is Exhibit A. The Department will accomplish coordination with the Department of Law Enforcement and seek their concurrence for the authorization.

b) Physician

Physician will submit copy of Federal registration form to the Department with a cover letter that:

1) indicates the physician's DEA control number,

2) his(her) Illinois Controlled Substances number,

3) agreement to comply with Federal and State regulations and protocol concerning the use of THC, and

4) agrees to notify the Department of disassociation with the research. A copy of the physician's letter is at Exhibit B.