

APPENDIX F

Small Business and Agriculture Regulatory Enforcement Ombudsman

The Small Business and Agriculture Regulatory Enforcement Ombudsman and 10 Regional Fairness Boards were established to receive comments from small businesses about federal agency enforcement actions. The Ombudsman will annually evaluate the enforcement activities and rate each agency's responsiveness to small business. If you wish to comment on DEA enforcement actions, you may contact the Ombudsman at 1-888-REG-FAIR (1-888-734-3247).

Drug Enforcement Administration
Practitioner's Manual

APPENDIX G

Additional Assistance

This publication is intended to provide guidance and information on the requirements of the Controlled Substances Act and its implementing regulations. If you require additional clarification or assistance, or wish to comment on any matter regarding the DEA's requirements or regulatory activities, please contact your local DEA Diversion field office (see Appendix E). Every effort will be made to respond promptly to your inquiry.

Plain Language

The Drug Enforcement Administration has made every effort to write this manual in clear, plain language. If you have suggestions as to how to improve the clarity of this manual, please contact us at:

Drug Enforcement Administration
Office of Diversion Control
Liaison and Policy Section
Washington, D.C. 20537
Telephone: (202) 307-7297

Drug Enforcement Administration
Practitioner's Manual

APPENDIX H – DEA FORMS

The following pages provide samples of several forms frequently encountered by DEA registrants. Included are:

- DEA Form 41** Registrants Inventory of Drugs Surrendered
- DEA Form 106** Report of Theft or Loss of Controlled Substances
- DEA Form 222** U.S. Official Order Form for Controlled Substances
- DEA Form 224** Application for Registration
- DEA Form 224a** Renewal Application for DEA Registration
- DEA Form 363** Application for Registration as a Narcotic Treatment Program
- DEA Form 363a** Renewal Application for DEA Registration as a Narcotic Treatment Program

Drug Enforcement Administration Practitioner's Manual

OMB Approval No. 1117-0007	U. S. Department of Justice / Drug Enforcement Administration REGISTRANTS INVENTORY OF DRUGS SURRENDERED	PACKAGE NO.
-------------------------------	--	-------------

The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

FROM: (Include Name, Street, City, State and ZIP Code in space provided below.)

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

NOTE: CERTIFIED MAIL (Return Receipt Requested) IS REQUIRED FOR SHIPMENTS OF DRUGS VIA U.S. POSTAL SERVICE. See instructions on reverse (page 2) of form.

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Cont. (Each Unit)	FOR DEA USE ONLY			
				DISPOSITION	QUANTITY		
					GMS.	MGSS.	
Registrants will fill in Columns 1, 2, 3, and 4 ONLY.	1	2	3	4	5	6	7
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

FORM DEA-41 (9-01)

Previous edition dated 8-86 is usable.

See instructions on reverse (page 2) of form.

Drug Enforcement Administration Practitioner's Manual

DEA-41 (8/1988) Pg. 2

NAME OF DRUG OR PREPARATION <small>Registrants will fill in Columns 1, 2, 3, and 4 ONLY.</small>	Number of Con- tainers	CONTENTS (Number of grams, tablets, bottles or other units per con- tainer)	Con- trolled Sub- stance Con- tent, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

The controlled substances surrendered in accordance with Title 21 of the Code of Federal Regulations, Section 1307.21, have been received in _____ packages purporting to contain the drugs listed on this inventory and have been: ** (1) Forwarded tape-sealed without opening; (2) Destroyed as indicated and the remainder forwarded tape-sealed after verifying contents; (3) Forwarded tape-sealed after verifying contents.

DATE _____ DESTROYED BY: _____

** Strike out lines not applicable.

WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pags., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32mg.), etc.
2. All packages included on a single line should be identical in name, content and controlled substance strength.
3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.
4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.
5. Drugs should be shipped tape-sealed via prepaid express or certified mail (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your area.

PRIVACY ACT INFORMATION

AUTHORITY: Section 307 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: To document the surrender of controlled substances which have been forwarded by registrants to DEA for disposal.
ROUTINE USES: This form is required by Federal Regulations for the surrender of unwanted Controlled Substances. Disclosures of information from this system are made to the following categories of users for the purposes stated:
 A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
 B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to document the surrender of unwanted Controlled Substances may result in prosecution for violation of the Controlled Substances Act.

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and 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 the Drug Enforcement Administration, FOI and Records Management Section, Washington, D.C. 20537; and to the Office of Management and Budget, Paperwork Reduction Project no. 1117-0007, Washington, D.C. 20503.

Drug Enforcement Administration Practitioner's Manual



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration. Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.		OMB APPROVAL No. 1117-0001
1. Name and Address of Registrant (include ZIP Code)		2. Phone No. (Include Area Code)
3. DEA Registration Number 2 hr. prefix: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 7 digit suffix: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		ZIP CODE: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Date of Theft or Loss		5. Principal Business of Registrant (Check one) 1 <input type="checkbox"/> Pharmacy 2 <input type="checkbox"/> Practitioner 3 <input type="checkbox"/> Manufacturer 4 <input type="checkbox"/> Hospital/Clinic 5 <input type="checkbox"/> Distributor 6 <input type="checkbox"/> Methadone Program 7 <input type="checkbox"/> Other (Specify)
6. County in which Registrant is located	7. Was Theft reported to Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Name and Telephone Number of Police Department (Include Area Code)
9. Number of Thefts or Losses Registrant has experienced in the past 24 months		10. Type of Theft or Loss (Check one and complete items below as appropriate) 1 <input type="checkbox"/> Night break-in 2 <input type="checkbox"/> Armed robbery 3 <input type="checkbox"/> Employee pilferage 4 <input type="checkbox"/> Customer theft 5 <input type="checkbox"/> Other (Explain) 6 <input type="checkbox"/> Lost in transit (Complete Item 14)
11. If Armed Robbery, was anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. Purchase value to registrant of Controlled Substances taken? \$ _____
13. Were any pharmaceuticals or merchandise taken? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____		
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:		
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number
D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____
15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?		
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.		
17. What security measures have been taken to prevent future thefts or losses?		

<p style="text-align: center;">PRIVACY ACT INFORMATION</p> <p>AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513). PURPOSE: Report theft or loss of Controlled Substances. ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.</p>	<p>In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>
---	--

FORM DEA - 106 (11-00) Previous editions obsolete CONTINUE ON REVERSE

Drug Enforcement Administration
Practitioner's Manual

FORM DEA-106 (Nov. 2000) Pg. 2

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Desoxyn	Mathamphetamine Hydrochloride	5 mg Tablets	3 x 100
Demerol	Meparidine Hydrochloride	50 mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pint
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.			
31.			
32.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature _____

Title _____

Date _____

Drug Enforcement Administration
Practitioner's Manual

**DEPICTION of PAGE 1 of DEA FORM-222
U.S. OFFICIAL ORDER FORM - SCHEDULES I & II**

See Reverse of PURCHASER'S Copy of Instructions		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).				OMB APPROVAL No. 1117-0010		
T : (Name of Supplier)			STREET ADDRESS					
CITY and STATE		DATE		TO BE FILLED IN BY SUPPLIER				
				SUPPLIERS DEA REGISTRATION No.				
TO BE FILLED IN BY PURCHASER								
LINE No.	No. of Packages	Size of Package	Name of Item	National Drug Code			Packages Shipped	Date Shipped
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
LAST LINE COMPLETED (MUST BE 10 OR LESS)				SIGNATURE OF PURCHASER				
				DATE OF PURCHASE				
Date Issued		DEA Registration No.		Name and Address of Registrant				
Schedules								
Registered as a		No. of this order Form						

DEA Form-222
Oct. 1992

U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II
DRUG ENFORCEMENT ADMINISTRATION
SUPPLIER'S Copy 1

Note: The graphic illustrated above is not intended to be used as an actual order form.

Drug Enforcement Administration Practitioner's Manual

Form-224

APPLICATION FOR REGISTRATION Under the Controlled Substances Act

APPROVED OMB NO 1117-0014
FORM DEA-224 (8-05)
Previous editions are obsolete

INSTRUCTIONS

1. To apply by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Mail this form to the address provided in Section 7 or use enclosed envelope.
4. Include the correct payment amount. FEE IS NON-REFUNDABLE.
5. If you have any questions call 800-862-0538 prior to submitting your application.
6. Save time - apply online at www.deadiversion.usdoj.gov

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :

--	--	--	--	--	--	--	--	--	--

\$390.00

FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Last Name (if registration is for individual) -OR- Business or Facility Name (if registration is for business entity)

	Middle Initial
--	----------------

First Name (if registration is for individual)

	Middle Initial
--	----------------

Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution)

--

Address Line 1 (street address)

--

Address Line 2

--

City

--

State

--

Zip Code

Business Phone Number

--

Business Fax Number

--

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvement Act

Tax Identification Number (if registration is for business)

--

Social Security Number (if registration is for individual)

--

Provide SSN or TIN. See note #3 on bottom of page 2

SECTION 2 BUSINESS ACTIVITY

Check one box only

See page 3 for additional instructions

Hospital/Clinic

Ambulance Service

Practitioner (DDS, DMD, DO, DPM, DVM, MD or PHD)

PROFESSIONAL DEGREE

Nursing Home

Animal Shelter

Practitioner Military (DDS, DMD, DO, DPM, DVM, MD or PHD)

Practitioners and MLPs: Enter your professional degree from list

Central Fill Pharmacy

Teaching Institution

Mid-level Practitioner (MLP) (DCM, HMD, MP, ND, NP, OD, PA, or RPH)

--

Retail Pharmacy

Automated Dispensing System

Euthanasia Technician

FOR Automated Dispensing System (ADS) ONLY:

DEA Registration # of Retail Pharmacy for this ADS

--

An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notarized affidavit.

SECTION 3 DRUG SCHEDULES

Check all that apply

Schedule II Narcotic

Schedule III Narcotic

Schedule IV

Schedule II Non-Narcotic

Schedule III Non-Narcotic

Schedule V

Check this box if you require official order forms for purchase of schedule II narcotic/schedule II non-narcotic controlled substances

NEW - Page 1

Drug Enforcement Administration Practitioner's Manual

SECTION 4				Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules I-IV which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?				
STATE LICENSE(S)	YES	PENDING	NO					
Be sure to include both state license numbers if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			State License Number		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			State Controlled Substance License Number (if required)		
SECTION 5								
LIABILITY								
1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law?							YES	NO
							<input type="checkbox"/>	<input type="checkbox"/>
IMPORTANT								
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?							<input type="checkbox"/>	<input type="checkbox"/>
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?							<input type="checkbox"/>	<input type="checkbox"/>
4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, denied, restricted, or placed on probation?							<input type="checkbox"/>	<input type="checkbox"/>
All questions in this section must be answered.								
EXPLANATION OF "YES" ANSWERS				Date(s) of Incident: _____ Location(s) of Incident: _____				
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers.				Nature of Incident: _____				
Use this space or attach a separate sheet and return with application.				Result of Incident: _____				
SECTION 6								
<input type="checkbox"/> Check this box if the applicant is a federal, state, or local government operated hospital, institution or official. Be sure to enter the name and address of the exempt institution in Section 7.								
The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated hospital, institution or official, and is exempt from payment of the application fee.								
Provides the name and phone number of the certifying official				Signature of certifying official (other than applicant)		Date		
				Print or type name and title of certifying official		Telephone No. (required for verification)		
SECTION 7								
METHOD OF PAYMENT		<input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.						
Check one form of payment only		<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa						
Sign if paying by credit card		Credit Card Number		Expiration Date				
		Signature of Card Holder						
		Printed Name of Card Holder						
Mail this form with payment to:								
U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083								
FEE IS NON-REFUNDABLE								
SECTION 8								
I certify that the foregoing information furnished on this application is true and correct.								
APPLICANT'S SIGNATURE				Signature of applicant		Date		
Sign in ink								
				Print or type name and title of applicant				
WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.								
1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13). 2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.								
4. PRIVACY ACT INFORMATION								
AUTHORITY:		Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).						
PURPOSE:		To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.						
ROUTINE USES:		The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers. Failure to complete form will preclude processing of the application.						
EFFECT:		Failure to complete form will preclude processing of the application.						
NEW - Page 2								

Drug Enforcement Administration Practitioner's Manual

Form-224	APPLICATION FOR REGISTRATION Supplementary Instructions and Information						
ADDITIONAL INSTRUCTIONS	<p>SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. Fee exempt applications must list the name and address of the fee exempt institution. A physical address is required, after the street address a post office box may be included. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity. <i>Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.</i></p> <p>SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioners also enter one degree from this list: DD S, DMD, DO, DPM, DVM, MD or PhD. Mid-level practitioners also enter one degree from these choices: DOM, HMO, MP, ND, NP, OD, PA, or RPH.</p> <p>ADS must provide current DEA registration number of parent retail pharmacy and attach a notarized affidavit (21 CFR Part 1301.17). Affidavit must include 1) Name of parent retail pharmacy and complete address 2) Name of Long-term Care (LTC) facility and complete address 3) Permit or license number(s) and date is issued of State certification to operate ADS at named LTC facility</p> <p>4) Required Statement: <i>This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 U.S.C. 822(a)). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 U.S.C. 843).</i></p> <p>5) Name of corporation operating the retail pharmacy 6) Name and title of corporate officer signing affidavit 7) Signature of authorized officer</p> <p>SECTION 3. DRUG SCHEDULES - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not override state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.</p> <p>SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "Not".</p> <p>SECTION 5. LIABILITY - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.</p> <p>SECTION 6. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and officials. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephonic number of the certifying official (other than the applicant) must be provided.</p> <p>SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.</p> <p>SECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.</p>						
CONTACT INFORMATION	<table border="0" style="width: 100%;"> <tr> <td style="width: 25%; vertical-align: top;"> <p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>1. INTERNET www.deadivision.usdoj.gov</p> <p>2. TELEPHONE Headquarters Call Center (800) 842-9539</p> <p>3. WRITTEN INQUIRIES</p> <p>DEA P.O. Box 20063 Washington DC 20036-8063</p> <p>4. DEA OFFICES DEA Offices are listed (800, 877, and 888 are toll-free numbers)</p> </td> <td style="width: 25%; vertical-align: top;"> <p>Georgia (800) 889-9835 North Carolina (800) 219-8650 South Carolina (888) 533-8903 Tennessee (800) 219-7800</p> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131</p> <p>Connecticut (617) 557-2200 Maine (800) 272-5174 Massachusetts (617) 557-2465 New Hampshire (603) 272-5174 Rhode Island (617) 557-2200 Vermont (800) 272-5174</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2167 San Juan, PR 00922-2167</p> <p>Puerto Rico (787) 775-1796 U.S. Virgin Islands (787) 775-1798</p> <p>CHICAGO DIVISION OFFICE Kuczyński Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604</p> <p>Illinois (312) 353-1234 Indiana (312) 353-1236 Minnesota (312) 353-0166 North Dakota (312) 353-0166 Wisconsin (312) 353-1236</p> <p>DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220</p> <p>Oklahoma (800) 338-4704 Texas (Northern) (800) 338-4704</p> <p>DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112</p> <p>Colorado (800) 338-8900 Montana (800) 338-8900 Utah (800) 338-8900 Wyoming (800) 338-8900</p> </td> <td style="width: 25%; vertical-align: top;"> <p>DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226</p> <p>Kentucky (800) 230-6544 Michigan (800) 230-6544 Ohio (800) 230-6544</p> <p>EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 El Paso, TX 79912</p> <p>New Mexico (214) 632-6014</p> <p>HOUSTON DIVISION OFFICE 1403 West Loop South, Suite 600 Houston, TX 77027-9506</p> <p>Texas (S. & Central) (800) 743-0305</p> <p>LOS ANGELES DIVISION OFFICE 226 East Temple Street, 20th Floor Los Angeles, CA 90012</p> <p>California (S. Central) (213) 621-8260 Hawaii (800) 415-9822 Nevada (800) 415-9822 Trust Territory (213) 694-2216</p> <p>MIAMI DIVISION OFFICE 6400 N.W. 53rd Street Miami, FL 33166</p> <p>Florida (305) 390-4600</p> <p>NEWARK DIVISION OFFICE 60 Mulberry Street, 2nd Floor Newark, NJ 07102</p> <p>New Jersey (800) 336-1071</p> <p>NEW ORLEANS DIVISION OFFICE 3630 N. Causeway Blvd Lakeview III, Suite 1600 Metairie, LA 70002</p> <p>Alabama (800) 514-8051 Arkansas (800) 514-7302 Louisiana (800) 514-7302 Mississippi (800) 514-7302</p> <p>NEW YORK DIVISION OFFICE 80 Tenth Avenue New York, NY 10011</p> <p>New York (877) 863-5700 (212) 337-1500 (212) 337-1504</p> </td> <td style="width: 25%; vertical-align: top;"> <p>PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19108</p> <p>Delaware (800) 393-8231 Pennsylvania (800) 393-8231</p> <p>PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012</p> <p>Arizona (602) 741-0802</p> <p>SAN DIEGO DIVISION OFFICE 4560 Viewridge Avenue San Diego, CA 92123-1637</p> <p>California (Southern) (602) 284-1152</p> <p>SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 39035 San Francisco, CA 94102</p> <p>California (Northern) (800) 304-3281</p> <p>SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119</p> <p>Alaska (800) 218-4281 Idaho (800) 218-4281 Oregon (800) 218-4281 Washington (800) 218-1410</p> <p>ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103</p> <p>Iowa (800) 803-1170 Kansas (800) 803-1170 Missouri (800) 803-1170 Nebraska (800) 803-1170 South Dakota (800) 803-1170</p> <p>WASHINGTON, D.C. DIVISION OFFICE Techworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001</p> <p>District of Columbia (877) 801-7874 Maryland (877) 330-8870 Virginia (877) 801-7874 West Virginia (877) 330-8870</p> </td> </tr> </table>			<p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>1. INTERNET www.deadivision.usdoj.gov</p> <p>2. TELEPHONE Headquarters Call Center (800) 842-9539</p> <p>3. WRITTEN INQUIRIES</p> <p>DEA P.O. Box 20063 Washington DC 20036-8063</p> <p>4. DEA OFFICES DEA Offices are listed (800, 877, and 888 are toll-free numbers)</p>	<p>Georgia (800) 889-9835 North Carolina (800) 219-8650 South Carolina (888) 533-8903 Tennessee (800) 219-7800</p> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131</p> <p>Connecticut (617) 557-2200 Maine (800) 272-5174 Massachusetts (617) 557-2465 New Hampshire (603) 272-5174 Rhode Island (617) 557-2200 Vermont (800) 272-5174</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2167 San Juan, PR 00922-2167</p> <p>Puerto Rico (787) 775-1796 U.S. Virgin Islands (787) 775-1798</p> <p>CHICAGO DIVISION OFFICE Kuczyński Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604</p> <p>Illinois (312) 353-1234 Indiana (312) 353-1236 Minnesota (312) 353-0166 North Dakota (312) 353-0166 Wisconsin (312) 353-1236</p> <p>DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220</p> <p>Oklahoma (800) 338-4704 Texas (Northern) (800) 338-4704</p> <p>DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112</p> <p>Colorado (800) 338-8900 Montana (800) 338-8900 Utah (800) 338-8900 Wyoming (800) 338-8900</p>	<p>DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226</p> <p>Kentucky (800) 230-6544 Michigan (800) 230-6544 Ohio (800) 230-6544</p> <p>EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 El Paso, TX 79912</p> <p>New Mexico (214) 632-6014</p> <p>HOUSTON DIVISION OFFICE 1403 West Loop South, Suite 600 Houston, TX 77027-9506</p> <p>Texas (S. & Central) (800) 743-0305</p> <p>LOS ANGELES DIVISION OFFICE 226 East Temple Street, 20th Floor Los Angeles, CA 90012</p> <p>California (S. Central) (213) 621-8260 Hawaii (800) 415-9822 Nevada (800) 415-9822 Trust Territory (213) 694-2216</p> <p>MIAMI DIVISION OFFICE 6400 N.W. 53rd Street Miami, FL 33166</p> <p>Florida (305) 390-4600</p> <p>NEWARK DIVISION OFFICE 60 Mulberry Street, 2nd Floor Newark, NJ 07102</p> <p>New Jersey (800) 336-1071</p> <p>NEW ORLEANS DIVISION OFFICE 3630 N. Causeway Blvd Lakeview III, Suite 1600 Metairie, LA 70002</p> <p>Alabama (800) 514-8051 Arkansas (800) 514-7302 Louisiana (800) 514-7302 Mississippi (800) 514-7302</p> <p>NEW YORK DIVISION OFFICE 80 Tenth Avenue New York, NY 10011</p> <p>New York (877) 863-5700 (212) 337-1500 (212) 337-1504</p>	<p>PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19108</p> <p>Delaware (800) 393-8231 Pennsylvania (800) 393-8231</p> <p>PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012</p> <p>Arizona (602) 741-0802</p> <p>SAN DIEGO DIVISION OFFICE 4560 Viewridge Avenue San Diego, CA 92123-1637</p> <p>California (Southern) (602) 284-1152</p> <p>SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 39035 San Francisco, CA 94102</p> <p>California (Northern) (800) 304-3281</p> <p>SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119</p> <p>Alaska (800) 218-4281 Idaho (800) 218-4281 Oregon (800) 218-4281 Washington (800) 218-1410</p> <p>ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103</p> <p>Iowa (800) 803-1170 Kansas (800) 803-1170 Missouri (800) 803-1170 Nebraska (800) 803-1170 South Dakota (800) 803-1170</p> <p>WASHINGTON, D.C. DIVISION OFFICE Techworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001</p> <p>District of Columbia (877) 801-7874 Maryland (877) 330-8870 Virginia (877) 801-7874 West Virginia (877) 330-8870</p>
<p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>1. INTERNET www.deadivision.usdoj.gov</p> <p>2. TELEPHONE Headquarters Call Center (800) 842-9539</p> <p>3. WRITTEN INQUIRIES</p> <p>DEA P.O. Box 20063 Washington DC 20036-8063</p> <p>4. DEA OFFICES DEA Offices are listed (800, 877, and 888 are toll-free numbers)</p>	<p>Georgia (800) 889-9835 North Carolina (800) 219-8650 South Carolina (888) 533-8903 Tennessee (800) 219-7800</p> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131</p> <p>Connecticut (617) 557-2200 Maine (800) 272-5174 Massachusetts (617) 557-2465 New Hampshire (603) 272-5174 Rhode Island (617) 557-2200 Vermont (800) 272-5174</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2167 San Juan, PR 00922-2167</p> <p>Puerto Rico (787) 775-1796 U.S. Virgin Islands (787) 775-1798</p> <p>CHICAGO DIVISION OFFICE Kuczyński Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604</p> <p>Illinois (312) 353-1234 Indiana (312) 353-1236 Minnesota (312) 353-0166 North Dakota (312) 353-0166 Wisconsin (312) 353-1236</p> <p>DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220</p> <p>Oklahoma (800) 338-4704 Texas (Northern) (800) 338-4704</p> <p>DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112</p> <p>Colorado (800) 338-8900 Montana (800) 338-8900 Utah (800) 338-8900 Wyoming (800) 338-8900</p>	<p>DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226</p> <p>Kentucky (800) 230-6544 Michigan (800) 230-6544 Ohio (800) 230-6544</p> <p>EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 El Paso, TX 79912</p> <p>New Mexico (214) 632-6014</p> <p>HOUSTON DIVISION OFFICE 1403 West Loop South, Suite 600 Houston, TX 77027-9506</p> <p>Texas (S. & Central) (800) 743-0305</p> <p>LOS ANGELES DIVISION OFFICE 226 East Temple Street, 20th Floor Los Angeles, CA 90012</p> <p>California (S. Central) (213) 621-8260 Hawaii (800) 415-9822 Nevada (800) 415-9822 Trust Territory (213) 694-2216</p> <p>MIAMI DIVISION OFFICE 6400 N.W. 53rd Street Miami, FL 33166</p> <p>Florida (305) 390-4600</p> <p>NEWARK DIVISION OFFICE 60 Mulberry Street, 2nd Floor Newark, NJ 07102</p> <p>New Jersey (800) 336-1071</p> <p>NEW ORLEANS DIVISION OFFICE 3630 N. Causeway Blvd Lakeview III, Suite 1600 Metairie, LA 70002</p> <p>Alabama (800) 514-8051 Arkansas (800) 514-7302 Louisiana (800) 514-7302 Mississippi (800) 514-7302</p> <p>NEW YORK DIVISION OFFICE 80 Tenth Avenue New York, NY 10011</p> <p>New York (877) 863-5700 (212) 337-1500 (212) 337-1504</p>	<p>PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19108</p> <p>Delaware (800) 393-8231 Pennsylvania (800) 393-8231</p> <p>PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012</p> <p>Arizona (602) 741-0802</p> <p>SAN DIEGO DIVISION OFFICE 4560 Viewridge Avenue San Diego, CA 92123-1637</p> <p>California (Southern) (602) 284-1152</p> <p>SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 39035 San Francisco, CA 94102</p> <p>California (Northern) (800) 304-3281</p> <p>SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119</p> <p>Alaska (800) 218-4281 Idaho (800) 218-4281 Oregon (800) 218-4281 Washington (800) 218-1410</p> <p>ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103</p> <p>Iowa (800) 803-1170 Kansas (800) 803-1170 Missouri (800) 803-1170 Nebraska (800) 803-1170 South Dakota (800) 803-1170</p> <p>WASHINGTON, D.C. DIVISION OFFICE Techworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001</p> <p>District of Columbia (877) 801-7874 Maryland (877) 330-8870 Virginia (877) 801-7874 West Virginia (877) 330-8870</p>				
NEWINST - Page 3							

Drug Enforcement Administration Practitioner's Manual

DRUG SCHEDULES

Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 CFR 1306 or contact the DEA office serving your area.

SCHEDULE I

NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE
Acetorphine	9319
Acetylmethedol	9301
Allyprodins	9332
Alphacetylmethadol (except LAAM)	9303
Butorphanol	7432
Dextropropriamide	9513
Dihydroxyphenylacetone (DHAP)	7434
2,5 - Dimethylamphetamines (DMA)	7395
Dimethylphenylacetone (DMPP)	7435
Etorphine (except hydrochloride salt)	9336
gamma-Hydroxybutyric acid (except drug product)	2010
Remif	9200
Neogoline	7290
Ketobemidone	9528
Lysergic acid diethylamide (LSD)	7315
Marijuana	7390
Mescaline	7391
Methaqualone	2355
3,4 - Methylendioxyamphetamine (MDA)	7400
3,4 - Methylendioxyamphetamines (MDMA)	7400
alpha-Ethyl - 1 - Phenylcyclohexylamine (PCE)	7400
Propoxy	7415
1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7425
Pseudoeph	7437
Pseudoeph	7436
Tetrahydrocannabinols (THC)	7370
1-[1-(2-Thienyl)-pyridinyl]-piperidine	7470

SCHEDULE II

NARCOTIC BASIC CLASSES	CODE
Alphaprodine	2010
Amphetamine	2020
Cocaine	2041
Codaine	2005
Dextropropoxyphene (bulk)	2273
Dibucaine	9170
Dipraverpine (M90-30)	9058
Ethylmorphine	9190
Etorphine Hydrochloride (M-90)	2390
Glutethimide	2350
Hydrocodone	9193
Hydroxycodone	9150
Levo-alphaacetylmethadol (LAAM)	9346
Lorazepam	2220
Meprobamate	2220
Morphine	2250
Morphine	2300
Opium, powdered	2639
Opium, raw	2600
Oxycodone	9143
Oxycodone	2652
Pappy Straw	2671
Pappy Straw Concentrate	2670
Tobacco	9303

NON-NARCOTIC BASIC CLASSES	CODE
Amobarbital	2125
Amphetamine	1100
Methylamphetamine	1105
Methylphenidate	1724
Propofol	2270
Phencyclidine (PCP)	7471
Phenacetin	1831
Phenyltolazone	8301
Saccharin	2315

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Buprenorphine	9064
Codaine up to 90 mg/100 plus other ingredients	9048
Ethylcodone up to 90 mg/100 plus other ingredients	9067
Ethylmorphine up to 15 mg/100 plus other ingredients	9008
Hydrocodone up to 15 mg/100 plus other ingredients	9005
Morphine up to 90 mg/100ml or 90 plus other ingred.	9036
Opium up to 200 mg/100ml, plus other active ingred.	9008

NON-NARCOTIC BASIC CLASSES	CODE
Anabolic Steroids	4000
Benzphetamine	1230
Buprenorphine	2100
Dextroamphetamine	1060
GHB Drug Product (gamma-Hydroxybutyric acid)	2010
Ketamine	7305
Morphine	2371
Propofol plus noncontrolled active ingredients	2371
Propofol suppository	2371
Pseudoephedrine	1610
Saccharin plus noncontrolled active ingredients	2316
Saccharin suppository	2316
Thiopental	2000
Vitalin	2000

SCHEDULE IV

NARCOTIC BASIC CLASSES	CODE
Dextropropoxyphene di	2278
Etacaine 1mg/25ug atropine 50-400	9167

NON-NARCOTIC BASIC CLASSES	CODE
Alprazolam	2002
Barbitol	2140
Critical Hydrate	2485
Chlorzoxiprone	2744
Chlorzoxiprone	2798
Clonidine	2385
Clonidine	1610
Forchlorfenone	1670
Furazepam	2757
Haloperidol	2762
Lorazepam	2005
Mefenamic	1605
Mefenamic	2000
Meprobamate (Methylphenacetin)	2230
Meprobamate	2620
Mefenamic	2264
Mefenamic	2004
Oxycodone	2005
Paraldehyde	2500
Propofol	1500
Propofol	2670
Propofol	2200
Propofol	1640
Propofol	2764
Propofol	2001
Propofol	2005
Propofol	2007
Propofol	2700

SCHEDULE V

NARCOTIC BASIC CLASSES	CODE
Codaine Cough Preparation (200mg/100ml or 100g)	9100

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic fund transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic fund transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

NEW INST - Page 4

Drug Enforcement Administration Practitioner's Manual

Form-224a	RENEWAL APPLICATION FOR REGISTRATION Under the Controlled Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224a (1-05)																						
INSTRUCTIONS	<ol style="list-style-type: none"> 1. To renew by mail complete this application. Keep a copy for your records. 2. Print clearly, using black or blue ink, or use a typewriter. 3. Section 5 should be completed only if your information has changed. 4. Mail this form to the address provided in Section 6 or use enclosed envelope. 5. Include the correct payment amount. FEE IS NON-REFUNDABLE. 6. If you have any questions call 800-882-9539 prior to submitting your application. 7. Save time - renew online at www.deadiversion.usdoj.gov. <p style="margin-top: 5px;">IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE</p>	REGISTRATION INFORMATION : DEA # _____ REGISTRATION EXPIRES _____ FEE IS NON-REFUNDABLE																						
SECTION 1	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Schedule II Narcotic</td> <td style="width: 33%;"><input type="checkbox"/> Schedule III Narcotic</td> <td style="width: 33%;"><input type="checkbox"/> Schedule IV</td> </tr> <tr> <td><input type="checkbox"/> Schedule II Non-Narcotic</td> <td><input type="checkbox"/> Schedule III Non-Narcotic</td> <td><input type="checkbox"/> Schedule V</td> </tr> </table> <p><small>Check all that apply</small></p>		<input type="checkbox"/> Schedule II Narcotic	<input type="checkbox"/> Schedule III Narcotic	<input type="checkbox"/> Schedule IV	<input type="checkbox"/> Schedule II Non-Narcotic	<input type="checkbox"/> Schedule III Non-Narcotic	<input type="checkbox"/> Schedule V																
<input type="checkbox"/> Schedule II Narcotic	<input type="checkbox"/> Schedule III Narcotic	<input type="checkbox"/> Schedule IV																						
<input type="checkbox"/> Schedule II Non-Narcotic	<input type="checkbox"/> Schedule III Non-Narcotic	<input type="checkbox"/> Schedule V																						
SECTION 2	<input type="checkbox"/> Check this box if you need official order forms - for the purchase of schedule II narcotic/schedule II non-narcotic controlled substances.																							
SECTION 3	<p>A. Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 10%;">YES</th> <th style="width: 10%;">NO</th> <th style="width: 65%;"></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"><small>Be sure to include both state license numbers if applicable</small></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr> </table> </td> <td style="vertical-align: top;"><small>State License Number</small></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; text-align: center;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr> </table> </td> <td style="vertical-align: top;"><small>State Controlled Substance License Number (if required)</small></td> </tr> </tbody> </table>			YES	NO		<small>Be sure to include both state license numbers if applicable</small>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr> </table>					<small>State License Number</small>		<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr> </table>					<small>State Controlled Substance License Number (if required)</small>
	YES	NO																						
<small>Be sure to include both state license numbers if applicable</small>	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr> </table>					<small>State License Number</small>																
	<input type="checkbox"/>	<input type="checkbox"/>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td><td style="width: 25%; height: 15px;"></td></tr> </table>					<small>State Controlled Substance License Number (if required)</small>																
LIABILITY	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 75%;"></th> <th style="width: 10%;">YES</th> <th style="width: 15%;">NO</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;">C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;">D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td style="vertical-align: top;">E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </tbody> </table> <p><small>IMPORTANT: If you answered yes to these question(s) on previous application, you must continue to answer yes and provide a statement of explanation.</small></p> <p><small>All questions in this section must be answered.</small></p>			YES	NO	B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?	<input type="checkbox"/>	<input type="checkbox"/>	C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	<input type="checkbox"/>	<input type="checkbox"/>	D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	<input type="checkbox"/>	<input type="checkbox"/>	E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>							
	YES	NO																						
B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?	<input type="checkbox"/>	<input type="checkbox"/>																						
C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	<input type="checkbox"/>	<input type="checkbox"/>																						
D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	<input type="checkbox"/>	<input type="checkbox"/>																						
E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>																						
SECTION 4	<p>EXPLANATION OF "YES" ANSWERS</p> <p>Date(s) of incident: _____ Location(s) of incident: _____</p> <p>Nature of incident: _____</p> <p>Applicants who have answered "YES" to questions B, C, D, or E above must provide a statement to explain such answers</p> <p>Use this space or attach a separate sheet and return with application</p> <p>Result of incident: _____</p>																							
RENEWAL - Page 1																								

Drug Enforcement Administration Practitioner's Manual

<p>SECTION 5 CHANGES TO APPLICANT IDENTIFICATION</p>	<p>Last Name (if registration is for individual) -OR- Business Name (if registration is for business)</p> <p>_____</p>	
	<p>First Name and Middle Initial</p> <p>_____</p>	
<p>DEBT COLLECTION INFORMATION Mandatory pursuant to Debt Collection Improvements Act</p>	<p>Tax Identification Number (if registration is for business)</p> <p>_____</p>	<p>Social Security Number (if registration is for individual)</p> <p>_____</p>
	<p>Address Line 1 (street address)</p> <p>_____</p>	
	<p>Address Line 2</p> <p>_____</p>	
<p>IMPORTANT Leave this section blank unless the registration information on front page is incorrect.</p>	<p>City</p> <p>_____</p>	<p>State</p> <p>_____</p>
		<p>Zip Code</p> <p>_____</p>
	<p>Business Phone Number</p> <p>_____</p>	<p>Business Fax Number</p> <p>_____</p>
<p>SECTION 6 METHOD OF PAYMENT</p> <p>Check one form of payment only</p>	<p><input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.</p> <p><input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa</p> <p>Credit Card Number _____ Expiration Date _____</p> <p>Signature of Card Holder _____</p> <p>Printed Name of Card Holder _____</p>	
	<p>Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 105616 Atlanta, GA 30348-5616 FEE IS NON-REFUNDABLE</p>	
<p>SECTION 7 CERTIFICATION OF EXEMPTION from application fee</p>	<p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government operated hospital, institution or official. Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Section 5, if it is not already on your current registration certificate.</p> <p>The undersigned hereby certifies that the applicant named hereon is a federal, state or local government operated hospital, institution or official, and is exempt from payment of the application fee.</p> <p>Provide the name and phone number of the certifying official</p> <p>Signature of certifying official (other than applicant) _____ Date _____</p> <p>Print or type name and title of certifying official _____ Telephone No. (required for verification) _____</p>	
<p>SECTION 8 APPLICANT'S SIGNATURE</p> <p>Sign in ink</p>	<p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>Signature of applicant _____ Date _____</p> <p>Print or type name and title of applicant _____</p> <p>WARNING: Section 643(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.</p>	
	<p>1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13). 2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 3. The Debt Collection Improvements Act of 1998 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable. 4. PRIVACY ACT INFORMATION AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1998 (PL 104-134) (for taxpayer identifying number and/or social security number). PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970. ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers. EFFECT: Failure to complete form will preclude processing of the application.</p>	
	<p>RENEWAL - Page 2</p>	

Drug Enforcement Administration Practitioner's Manual

APPLICATION FOR RENEWAL Supplementary Instructions and Information

Form-224a

ADDITIONAL INSTRUCTIONS

- SECTION 1. DRUG SCHEDULES** - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not override state restrictions. Check the order form box only if you intend to purchase or transfer schedule II controlled substances.
- SECTION 2. ORDER FORMS** - Order forms will be mailed to the registered address following issuance of a Certificate of Registration.
- SECTION 3. STATE LICENSES** - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "No".
- SECTION 4. LIABILITY** - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.
- SECTION 5. APPLICANT IDENTIFICATION** - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers. Fee exempt individuals should list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Individuals renewing should ensure that the social security number (SSN) on record is correct. If renewing a business entity, a valid tax identification number (TIN) must be supplied. Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.
- SECTION 6. METHOD OF PAYMENT** - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.
- SECTION 7. CERTIFICATE OF PAYMENT** - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and officials. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.
- SECTION 8. APPLICANT'S SIGNATURE** - Must be the original signature (in ink) of the applicant.

CONTACT INFORMATION

1. INTERNET: Headquarters Call Center: (800) 882-6539
Drug Enforcement Administration
P.O. Box 28083
Washington, D.C. 20038-8083
2. TELEPHONE: (800, 877, and 888 are toll-free numbers).
3. WRITTEN INQUIRIES: (800) 882-6539

State	Address	Phone
Alabama	115 Inverness Drive, East Englewood, CO 80112	(888) 514-8051
Alaska	431 Howard Street Detroit, MI 48226	(907) 230-8844
Arizona	450 Golden Gate Avenue, 14th Floor San Francisco, CA 94102	(900) 741-8922
Arkansas	143 West Loop South, Suite 800 Houston, TX 77027-8598	(888) 230-8844
California (Northern)	3633 N. Causeway Blvd Lakeway III, Suite 1800 Metairie, LA 70002	(900) 230-8844
California (Southern)	800 K Street, N.W., Suite 500 Washington, D.C. 20001	(900) 230-8844
Colorado	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Connecticut	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Delaware	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
District of Columbia	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Florida	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Georgia	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Hawaii	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Idaho	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Illinois	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Indiana	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Iowa	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Kansas	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Kentucky	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Louisiana	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Maine	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Maryland	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Massachusetts	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Michigan	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Minnesota	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Mississippi	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Missouri	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Montana	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Nebraska	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Nevada	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
New Hampshire	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
New Jersey	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
New Mexico	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
New York	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
North Carolina	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
North Dakota	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Ohio	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Oklahoma	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Oregon	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Pennsylvania	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Rhode Island	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
South Carolina	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
South Dakota	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Tennessee	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Texas	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Utah	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Vermont	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Virginia	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Washington	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
West Virginia	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Wisconsin	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178
Wyoming	10180 Technology Blvd., East Dallas, TX 75220	(888) 803-1178

Drug Enforcement Administration Practitioner's Manual

DRUG SCHEDULES

Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 CFR 1308 or contact the DEA office serving your area.

SCHEDULE I

NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE
Acetorphine	9319
Acetylmethadol	9601
Ahyprodine	9602
Alphacetylmethadol (except LAAM)	9603
Buprenorphine	7433
Butorfenolol	9613
Deslormetoprolol	7434
2,5 - Dimethoxyamphetamine (DMA)	7396
Dimethyltryptamine (DMT)	7435
Etoporphine (except hydrochloride salt)	9056
gamma-Hydroxybutyric acid (except drug product)	2010
Heroin	9200
Ibogaine	7390
Ketobemidone	9626
Lysergic acid diethylamide (LSD)	7315
Marijuana	7380
Mescaline	7381
Methaqualone	2585
3,4 - Methyleneoxyamphetamine (MDA)	7400
3,4 - Methyleneoxymethamphetamine (MDMA)	7405
n - Ethyl - 1 - Phenylcyclohexylamine (PECE)	7495
Peysle	7415
1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7458
Psilocybin	7437
Psilocyn	7438
Tetrahydrocannabinols (THC)	7370
1-[1-(2-Thienyl)-cyclohexyl]-piperidine	7470

SCHEDULE II

NARCOTIC BASIC CLASSES	CODE
Alphaprodine	9010
Anileridine	9020
Cocaine	9041
Codeine	9050
Dextropropoxyphene (bulk)	9273
Diphenoxylate	9170
Diprenorphine (M50-E9)	9058
Ethylmorphine	9190
Etoporphine Hydrochloride (M-69)	9059
Glutethimide	2550
Hydrocodone	8193
Hydromorphone	9150
Levo-alphaacetylmethadol (LAAM)	9648
Levorphanol	9220
Meprobamate	9230
Methadone	9250
Morphine	9300
Opium, powdered	9639
Opium, raw	9600
Oxycodone	9143
Oxymorphone	9652
Poppy Straw	9071
Poppy Straw Concentrate	9670
Thebaine	9333

NON-NARCOTIC BASIC CLASSES	CODE
Amobarbital	2125
Amphetamine	1100
Methamphetamine	1105
Methylphenidate	1724
Pentobarbital	2270
Phencyclidine (PCP)	7471
Phenmetrazine	1831
Phenylacetone	8501
Secobarbital	2315

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Buprenorphine	9064
Codeine up to 60 mg/du plus other ingredients	9319
Dihydrocodeine up to 60 mg/du plus other ingredients	9607
Ethylmorphine up to 15 mg/du plus other ingredients	9608
Hydrocodone up to 15 mg/du plus other ingredients	9609
Morphine up to 50 mg/100ml or gm plus other ingred.	9310
Opium up to 500 mg/100m plus other active ingred.	9609

NON-NARCOTIC BASIC CLASSES	CODE
Anabolic Steroids	4000
Benzphetamine	1228
Buralbital	2100
Oronabinal Pharmaceutical Product	7369
GHB Drug Product (gamma-Hydroxybutyric acid)	2010
Ketamine	7285
Methyprylon	2575
Pentobarbital plus noncontrolled active ingredients	2271
Pentobarbital suppository	2271
Phendimethazine	1615
Secobarbital plus noncontrolled active ingredients	2316
Secobarbital suppository	2316
Thiopental	2329
Vinbarbital	2335

SCHEDULE IV

NARCOTIC BASIC CLASSES	CODE
Dextropropoxyphene du	9278
Difenoxin 1mg/25ug atropine SO4/du	9107

NON-NARCOTIC BASIC CLASSES	CODE
Alprazolam	2892
Barbital	2145
Chloral Hydrate	2405
Chlordiazepoxide	2744
Clorazepate	2768
Diazepam	2785
Diethylpropion	1610
Fenfuramine	1670
Flurazepam	2767
Halazepam	2762
Lorazepam	2895
Mazindol	1605
Mebutamate	2690
Mephobarbital (Methylphenobarbital)	2250
Meprobamate	2630
Methohexal	2284
Midazolam	2884
Oxazepam	2835
Paraldehyde	2585
Pemoline	1530
Pentazocine	9708
Phenobarbital	2295
Phentermine	1640
Frazeepam	2704
Quazepam	2881
Temazepam	2825
Triazolam	2897
Zolpidem	2783

SCHEDULE V

	CODE
Codeine Cough Preparation (200mg/100ml or 100g)	9100

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur with 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

RENEWAL INST - Page 4

Drug Enforcement Administration Practitioner's Manual

SECTION 6	1. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?	YES	NO
LIABILITY	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	<input type="checkbox"/>	<input type="checkbox"/>
IMPORTANT! All questions in this section must be answered.	3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	<input type="checkbox"/>	<input type="checkbox"/>
	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>

EXPLANATION OF "YES" ANSWERS	Date(s) of Incident: _____ Location(s) of Incident: _____		
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers.	Nature of Incident: _____		
Use this space or attach a separate sheet and return with application.	Result of Incident: _____		

SECTION 7	<input type="checkbox"/> Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program. Be sure to enter name and address of the exempt institution in Section 1.		
CERTIFICATION OF EXEMPTION from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated narcotic treatment program, and is exempt from payment of the application fee.		
Provide the name and phone number of the certifying official.	Signature of certifying official (other than applicant) _____	Date _____	
	Print or type name and title of certifying official _____	Telephone No. (required for verification) _____	

SECTION 8	<input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.		Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 26063 Washington DC 20036-8063 FEE IS NON-REFUNDABLE
METHOD OF PAYMENT	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa		
Check one form of payment only	Credit Card Number _____ Expiration Date _____		
Sign if paying by credit card	Signature of Card Holder _____ Printed Name of Card Holder _____		

SECTION 9	I certify that the foregoing information furnished on this application is true and correct.		
APPLICANT'S SIGNATURE	Signature of applicant _____		Date _____
Sign in Ink	Print or type name and title of applicant _____		
	WARNING: Section 64-3(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.		
1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13). 2. In accordance with the Paperwork Reduction Act of 2003, no person is required to respond to a collection of information unless it displays a valid OMB control number. This valid OMB control number for this collection is 1117-0013. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 3. The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable. 4. PRIVACY ACT INFORMATION AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number). PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substance Act of 1970. ROUTINE USES: The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers. EFFECT: Failure to complete form will preclude processing of the application.			

Drug Enforcement Administration Practitioner's Manual

Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information
ADDITIONAL INSTRUCTIONS	<p>SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors.</p> <p>Fee exempt applicant should list the name and address of the fee exempt institution. A physical address is required; a post office box may be included after the street address.</p> <p>Applicant must enter a valid tax identification number (TIN). <i>Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.</i></p> <p>SECTION 2. BUSINESS ACTIVITY. Indicate only one.</p> <p>SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.</p> <p>Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.</p> <p>SECTION 4. FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.</p> <p>SECTION 5. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws.</p> <p>Applicant should contact the local state licensing authority prior to completing this application. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state".</p> <p>SECTION 6. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing.</p> <p>If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.</p> <p>SECTION 7. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program.</p> <p>The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.</p> <p>SECTION 8. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted.</p> <p>FEES ARE NON-REFUNDABLE.</p> <p>SECTION 9. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.</p>
Notice to Registrants Making Payment by Check	
<p>Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.</p> <p>Insufficient Funds: The electronic funds transfer from your account will usually occur with 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.</p> <p>Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.</p> <p>Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.</p>	
NEW INST - Page 3	

Drug Enforcement Administration Practitioner's Manual

Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information				
CONTACT INFORMATION	1. INTERNET:	Information can be found on our web site at www.deadiverslon.usdoj.gov			
	2. TELEPHONE:	Headquarters Call Center: (800) 882-9539			
	3. WRITTEN INQUIRIES:	Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083			
	4. DEA OFFICES:	DEA Offices are listed below (800, 877, and 888 are toll-free numbers).			
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; vertical-align: top;"> <p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>Georgia (888) 869-9935 North Carolina (888) 219-8689 South Carolina (888) 533-6983 Tennessee (888) 219-7898</p> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131</p> <p>Connecticut (617) 557-2200 Maine (888) 272-5174 Massachusetts (617) 557-2468 New Hampshire (888) 272-5174 Rhode Island (617) 557-2200 Vermont (888) 272-5174</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2187 San Juan, PR 00922-2167</p> <p>Puerto Rico (787) 775-1766 U.S. Virgin Islands (787) 775-1766</p> <p>CHICAGO DIVISION OFFICE Kluczynski Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604</p> <p>Illinois (312) 353-1234 Indiana (312) 353-1236 Minnesota (312) 353-9166 North Dakota (312) 353-9166 Wisconsin (312) 353-1236</p> <p>DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220</p> <p>Oklahoma (888) 336-4704 Texas (Northern) (888) 336-4704</p> <p>DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112</p> <p>Colorado (800) 326-6900 Montana (800) 326-6900 Utah (800) 326-6900 Wyoming (800) 326-6900</p> </td> <td style="width: 33%; vertical-align: top;"> <p>DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226</p> <p>Kentucky (800) 230-6844 Michigan (800) 230-6844 Ohio (800) 230-6844</p> <p>EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 El Paso, TX 79912</p> <p>New Mexico (915) 832-6014</p> <p>HOUSTON DIVISION OFFICE 1433 West Loop South, Suite 600 Houston, TX 77027-9506</p> <p>Texas (S. & Central) (800) 743-0595</p> <p>LOS ANGELES DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012</p> <p>California (S. Central) (213) 621-6960 Hawaii (888) 415-9822 Nevada (888) 415-9822 Trust Territory (213) 894-2216</p> <p>MIAMI DIVISION OFFICE 8400 N.W. 53rd Street Miami, FL 33166</p> <p>Florida (305) 590-4880</p> <p>NEWARK DIVISION OFFICE 80 Mulberry Street, 2nd Floor Newark, NJ 07102</p> <p>New Jersey (888) 356-1071</p> <p>NEW ORLEANS DIVISION OFFICE 3838 N. Causeway Blvd Lakeway III, Suite 1800 Metairie, LA 70002</p> <p>Alabama (888) 514-8051 Arkansas (888) 514-7302 Louisiana (888) 514-7302 Mississippi (888) 514-7302</p> <p>NEW YORK DIVISION OFFICE 99 Tenth Avenue New York, NY 10011</p> <p>New York (877) 883-5789 (212) 337-1593 (212) 337-1594</p> </td> <td style="width: 33%; vertical-align: top;"> <p>PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19106</p> <p>Delaware (888) 393-8231 Pennsylvania (888) 393-8231</p> <p>PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012</p> <p>Arizona (800) 741-0902</p> <p>SAN DIEGO DIVISION OFFICE 4580 Viewridge Avenue San Diego, CA 92123-1637</p> <p>California (Southern) (800) 284-1152</p> <p>SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 36035 San Francisco, CA 94102</p> <p>California (Northern) (888) 304-3251</p> <p>SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119</p> <p>Alaska (888) 219-4261 Idaho (888) 219-4261 Oregon (888) 219-4261 Washington (888) 219-1418</p> <p>ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103</p> <p>Iowa (888) 803-1179 Kansas (888) 803-1179 Missouri (888) 803-1179 Nebraska (888) 803-1179 South Dakota (888) 803-1179</p> <p>WASHINGTON, D.C. DIVISION OFFICE Jedworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001</p> <p>District of Columbia (877) 801-7874 Maryland (877) 330-6670 Virginia (877) 801-7874 West Virginia (877) 330-6670</p> </td> </tr> </table>			<p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>Georgia (888) 869-9935 North Carolina (888) 219-8689 South Carolina (888) 533-6983 Tennessee (888) 219-7898</p> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131</p> <p>Connecticut (617) 557-2200 Maine (888) 272-5174 Massachusetts (617) 557-2468 New Hampshire (888) 272-5174 Rhode Island (617) 557-2200 Vermont (888) 272-5174</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2187 San Juan, PR 00922-2167</p> <p>Puerto Rico (787) 775-1766 U.S. Virgin Islands (787) 775-1766</p> <p>CHICAGO DIVISION OFFICE Kluczynski Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604</p> <p>Illinois (312) 353-1234 Indiana (312) 353-1236 Minnesota (312) 353-9166 North Dakota (312) 353-9166 Wisconsin (312) 353-1236</p> <p>DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220</p> <p>Oklahoma (888) 336-4704 Texas (Northern) (888) 336-4704</p> <p>DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112</p> <p>Colorado (800) 326-6900 Montana (800) 326-6900 Utah (800) 326-6900 Wyoming (800) 326-6900</p>	<p>DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226</p> <p>Kentucky (800) 230-6844 Michigan (800) 230-6844 Ohio (800) 230-6844</p> <p>EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 El Paso, TX 79912</p> <p>New Mexico (915) 832-6014</p> <p>HOUSTON DIVISION OFFICE 1433 West Loop South, Suite 600 Houston, TX 77027-9506</p> <p>Texas (S. & Central) (800) 743-0595</p> <p>LOS ANGELES DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012</p> <p>California (S. Central) (213) 621-6960 Hawaii (888) 415-9822 Nevada (888) 415-9822 Trust Territory (213) 894-2216</p> <p>MIAMI DIVISION OFFICE 8400 N.W. 53rd Street Miami, FL 33166</p> <p>Florida (305) 590-4880</p> <p>NEWARK DIVISION OFFICE 80 Mulberry Street, 2nd Floor Newark, NJ 07102</p> <p>New Jersey (888) 356-1071</p> <p>NEW ORLEANS DIVISION OFFICE 3838 N. Causeway Blvd Lakeway III, Suite 1800 Metairie, LA 70002</p> <p>Alabama (888) 514-8051 Arkansas (888) 514-7302 Louisiana (888) 514-7302 Mississippi (888) 514-7302</p> <p>NEW YORK DIVISION OFFICE 99 Tenth Avenue New York, NY 10011</p> <p>New York (877) 883-5789 (212) 337-1593 (212) 337-1594</p>	<p>PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19106</p> <p>Delaware (888) 393-8231 Pennsylvania (888) 393-8231</p> <p>PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012</p> <p>Arizona (800) 741-0902</p> <p>SAN DIEGO DIVISION OFFICE 4580 Viewridge Avenue San Diego, CA 92123-1637</p> <p>California (Southern) (800) 284-1152</p> <p>SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 36035 San Francisco, CA 94102</p> <p>California (Northern) (888) 304-3251</p> <p>SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119</p> <p>Alaska (888) 219-4261 Idaho (888) 219-4261 Oregon (888) 219-4261 Washington (888) 219-1418</p> <p>ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103</p> <p>Iowa (888) 803-1179 Kansas (888) 803-1179 Missouri (888) 803-1179 Nebraska (888) 803-1179 South Dakota (888) 803-1179</p> <p>WASHINGTON, D.C. DIVISION OFFICE Jedworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001</p> <p>District of Columbia (877) 801-7874 Maryland (877) 330-6670 Virginia (877) 801-7874 West Virginia (877) 330-6670</p>
<p>ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303</p> <p>Georgia (888) 869-9935 North Carolina (888) 219-8689 South Carolina (888) 533-6983 Tennessee (888) 219-7898</p> <p>BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131</p> <p>Connecticut (617) 557-2200 Maine (888) 272-5174 Massachusetts (617) 557-2468 New Hampshire (888) 272-5174 Rhode Island (617) 557-2200 Vermont (888) 272-5174</p> <p>CARIBBEAN DIVISION OFFICE P.O. Box 2187 San Juan, PR 00922-2167</p> <p>Puerto Rico (787) 775-1766 U.S. Virgin Islands (787) 775-1766</p> <p>CHICAGO DIVISION OFFICE Kluczynski Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604</p> <p>Illinois (312) 353-1234 Indiana (312) 353-1236 Minnesota (312) 353-9166 North Dakota (312) 353-9166 Wisconsin (312) 353-1236</p> <p>DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220</p> <p>Oklahoma (888) 336-4704 Texas (Northern) (888) 336-4704</p> <p>DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112</p> <p>Colorado (800) 326-6900 Montana (800) 326-6900 Utah (800) 326-6900 Wyoming (800) 326-6900</p>	<p>DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226</p> <p>Kentucky (800) 230-6844 Michigan (800) 230-6844 Ohio (800) 230-6844</p> <p>EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 El Paso, TX 79912</p> <p>New Mexico (915) 832-6014</p> <p>HOUSTON DIVISION OFFICE 1433 West Loop South, Suite 600 Houston, TX 77027-9506</p> <p>Texas (S. & Central) (800) 743-0595</p> <p>LOS ANGELES DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012</p> <p>California (S. Central) (213) 621-6960 Hawaii (888) 415-9822 Nevada (888) 415-9822 Trust Territory (213) 894-2216</p> <p>MIAMI DIVISION OFFICE 8400 N.W. 53rd Street Miami, FL 33166</p> <p>Florida (305) 590-4880</p> <p>NEWARK DIVISION OFFICE 80 Mulberry Street, 2nd Floor Newark, NJ 07102</p> <p>New Jersey (888) 356-1071</p> <p>NEW ORLEANS DIVISION OFFICE 3838 N. Causeway Blvd Lakeway III, Suite 1800 Metairie, LA 70002</p> <p>Alabama (888) 514-8051 Arkansas (888) 514-7302 Louisiana (888) 514-7302 Mississippi (888) 514-7302</p> <p>NEW YORK DIVISION OFFICE 99 Tenth Avenue New York, NY 10011</p> <p>New York (877) 883-5789 (212) 337-1593 (212) 337-1594</p>	<p>PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19106</p> <p>Delaware (888) 393-8231 Pennsylvania (888) 393-8231</p> <p>PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012</p> <p>Arizona (800) 741-0902</p> <p>SAN DIEGO DIVISION OFFICE 4580 Viewridge Avenue San Diego, CA 92123-1637</p> <p>California (Southern) (800) 284-1152</p> <p>SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 36035 San Francisco, CA 94102</p> <p>California (Northern) (888) 304-3251</p> <p>SEATTLE DIVISION OFFICE 400 Second Avenue, West Seattle, WA 98119</p> <p>Alaska (888) 219-4261 Idaho (888) 219-4261 Oregon (888) 219-4261 Washington (888) 219-1418</p> <p>ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103</p> <p>Iowa (888) 803-1179 Kansas (888) 803-1179 Missouri (888) 803-1179 Nebraska (888) 803-1179 South Dakota (888) 803-1179</p> <p>WASHINGTON, D.C. DIVISION OFFICE Jedworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001</p> <p>District of Columbia (877) 801-7874 Maryland (877) 330-6670 Virginia (877) 801-7874 West Virginia (877) 330-6670</p>			
NEWINST - Page 4					

Drug Enforcement Administration Practitioner's Manual

Form-363a	RENEWAL APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05) Previous editions are obsolete
INSTRUCTIONS 1. To apply by mail complete this application. Keep a copy for your records. 2. Print clearly, using black or blue ink, or use a typewriter. 3. Section 1 should be completed only if your information has changed. 4. Mail this form to the address provided in Section 7 or use enclosed envelope. 5. Include the correct payment amount. FEE IS NON-REFUNDABLE. 6. If you have any questions contact 800-882-9530 prior to submitting your application. 7. Save time - renew online at www.deadiversion.usdoj.gov . IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	REGISTRATION INFORMATION: DEA # REGISTRATION EXPIRES FEE IS NON-REFUNDABLE	
SECTION 1 APPLICANT IDENTIFICATION Business or Facility Name (if registration is for business entity or is fee exempt) <input type="text"/> Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution) <input type="text"/> Address Line 1 (street address) <input type="text"/> Address Line 2 <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Business Phone Number <input type="text"/> Business Fax Number <input type="text"/>		
DEBT COLLECTION INFORMATION Mandatory pursuant to Debt Collection Improvements Act Tax Identification Number <input type="text"/> See note #3 on bottom of page 2.		
SECTION 2 DRUG SCHEDULES <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III Check all that apply <input type="checkbox"/> Check this box if you require official order forms - for purchase or transfer of schedule II controlled substances.		
SECTION 3 Are you currently authorized by the Food and Drug Administration for the business activity described in this application? FDA PERMIT YES PENDING NO Mandatory for approval <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="text"/> FDA Number		
SECTION 4 Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate? STATE LICENSE(S) <input type="checkbox"/> YES, I have a license <input type="text"/> State License Number <input type="checkbox"/> NOT REQUIRED by this state		

Drug Enforcement Administration Practitioner's Manual

SECTION 5	1. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?	YES	NO								
LIABILITY	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	<input type="checkbox"/>	<input type="checkbox"/>								
IMPORTANT: All questions in this section must be answered.	3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	<input type="checkbox"/>	<input type="checkbox"/>								
	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, restricted, or placed on probation?	<input type="checkbox"/>	<input type="checkbox"/>								

EXPLANATION OF "YES" ANSWERS	Date(s) of incident: _____ Location(s) of incident: _____										
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers	Nature of incident:										
	Result of incident:										
Use this space or attach a separate sheet and return with application											

SECTION 6	<input type="checkbox"/> Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program. Be sure to enter name and address of the exempt institution in Section 1.										
CERTIFICATION OF EXEMPTION from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated narcotic treatment program, and is exempt from payment of the application fee.										
Provide the name and phone number of the certifying official	Signature of certifying official (other than applicant)	Date									
	Print or type name and title of certifying official	Telephone No. (required for verification)									

SECTION 7	<input type="checkbox"/> Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.										
METHOD OF PAYMENT	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa										
Check one form of payment only	Credit Card Number	Expiration Date									
	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>					<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td><td style="width: 25%;"> </td> </tr> </table>					
Sign if paying by credit card	Signature of Card Holder	Printed Name of Card Holder									
	_____ _____										
Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083 FEE IS NON-REFUNDABLE											

SECTION 8	I certify that the foregoing information furnished on this application is true and correct.										
APPLICANT'S SIGNATURE	Signature of applicant	Date									
Sign in ink	Print or type name and title of applicant										
	_____ _____										
WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.											
1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13). 2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0015. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 3. The Debt Collection Improvements Act of 1990 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable. 4. PRIVACY ACT INFORMATION											
AUTHORITY:	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1990 (PL 104-134) (for taxpayer identifying number and/or social security number).										
PURPOSE:	To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.										
ROUTINE USES:	The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.										
EFFECT:	Failure to complete form will preclude processing of the application.										
RENEWAL - Page 2											

Drug Enforcement Administration Practitioner's Manual

Form-363a

APPLICATION FOR RENEWAL

Supplementary Instructions and Information

ADDITIONAL INSTRUCTIONS

- SECTION 1. **APPLICANT IDENTIFICATION** - Entry of missing data or corrections **ONLY** must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers.
- Fee exempt applicant should list the name and address of the fee exempt institution.
- A physical address is required; a post office box may be included after the street address.
- Applicant should ensure that the tax identification number (TIN) on record is correct.
Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.
- SECTION 2. **DRUG SCHEDULES** - Applicant should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not overrule state restrictions.
- Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration renewal.
- SECTION 3. **FDA PERMIT** - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.
- SECTION 4. **STATE LICENSE(S)** - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws.
- Applicant should contact the local state licensing authority prior to completing this application. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state".
- SECTION 5. **LIABILITY** - Applicant must answer all four questions for the application to be accepted for processing.
- If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.
- SECTION 6. **CERTIFICATE OF EXEMPTION** - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program.
- The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.
- SECTION 7. **METHOD OF PAYMENT** - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted.
- FEES ARE NON-REFUNDABLE.**
- SECTION 8. **APPLICANT'S SIGNATURE** - Must be the original signature (in ink) of the applicant.

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur with 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions." You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

RENEWAL INST - Page 3

Drug Enforcement Administration Practitioner's Manual

Form-363a

APPLICATION FOR RENEWAL Supplementary Instructions and Information

CONTACT INFORMATION

1. INTERNET: Information can be found on our web site at www.deadiversion.usdoj.gov
2. TELEPHONE: Headquarters Call Center: (800) 882-9539
3. WRITTEN INQUIRIES: Drug Enforcement Administration
P.O. Box 28083
Washington DC 20038-8083
4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers).

ATLANTA DIVISION OFFICE

ATTN: Registration
75 Spring Street, SW, Suite 800
Atlanta, GA 30303

Georgia (888) 869-9935
North Carolina (888) 219-8689
South Carolina (866) 533-6983
Tennessee (888) 219-7898

BOSTON DIVISION OFFICE

JFK Federal Building
15 New Sudbury Street, Room E400
Boston, MA 02203-0131

Connecticut (617) 557-2200
Maine (888) 272-5174
Massachusetts (617) 557-2468
New Hampshire (888) 272-5174
Rhode Island (617) 557-2200
Vermont (888) 272-5174

CARIBBEAN DIVISION OFFICE

P.O. Box 2167
San Juan, PR 00922-2167

Puerto Rico (787) 775-1766
U.S. Virgin Islands (787) 775-1766

CHICAGO DIVISION OFFICE

Kluczynski Federal Building
230 S. Dearborn Street, Suite 1200
Chicago, IL 60604

Illinois (312) 353-1234
Indiana (312) 353-1236
Minnesota (312) 353-9166
North Dakota (312) 353-9166
Wisconsin (312) 353-1236

DALLAS DIVISION OFFICE

10160 Technology Blvd., East
Dallas, TX 75220

Oklahoma (888) 336-4704
Texas (Northern) (888) 336-4704

DENVER DIVISION OFFICE

115 Inverness Drive, East
Englewood, CO 80112

Colorado (800) 326-6900
Montana (800) 326-6900
Utah (800) 326-6900
Wyoming (800) 326-6900

DETROIT DIVISION OFFICE

431 Howard Street
Detroit, MI 48226

Kentucky (800) 230-6844
Michigan (800) 230-6844
Ohio (800) 230-6844

EL PASO DIVISION OFFICE

El Paso Federal Justice Center
600 South Mesa Hills Drive, Suite 2000
El Paso, TX 79912

New Mexico (915) 832-6014

HOUSTON DIVISION OFFICE

1433 West Loop South, Suite 600
Houston, TX 77027-9506

Texas (S. & Central) (800) 743-0595

LOS ANGELES DIVISION OFFICE

255 East Temple Street, 20th Floor
Los Angeles, CA 90012

California (S. Central) (213) 621-6960
Hawaii (888) 415-9822
Nevada (888) 415-9822
Trust Territory (213) 894-2216

MIAMI DIVISION OFFICE

8400 N.W. 53rd Street
Miami, FL 33166

Florida (305) 590-4880

NEWARK DIVISION OFFICE

80 Mulberry Street, 2nd Floor
Newark, NJ 07102

New Jersey (888) 356-1071

NEW ORLEANS DIVISION OFFICE

3838 N. Causeway Blvd
Lakeway III, Suite 1800
Metairie, LA 70002

Alabama (888) 514-8051
Arkansas (888) 514-7302
Louisiana (888) 514-7302
Mississippi (888) 514-7302

NEW YORK DIVISION OFFICE

99 Tenth Avenue
New York, NY 10011

New York (877) 883-5789
(212) 337-1593
(212) 337-1594

PHILADELPHIA DIVISION OFFICE

William J. Green Federal Building
600 Arch Street, Room 10224
Philadelphia, PA 19106

Delaware (888) 393-8231
Pennsylvania (888) 393-8231

PHOENIX DIVISION OFFICE

3010 N. 2nd Street, Suite 301
Phoenix, AZ 85012

Arizona (800) 741-0902

SAN DIEGO DIVISION OFFICE

4560 Viewridge Avenue
San Diego, CA 92123-1637

California (Southern) (800) 284-1152

SAN FRANCISCO DIVISION OFFICE

450 Golden Gate Avenue, 14th Floor
P.O. Box 36035
San Francisco, CA 94102

California (Northern) (888) 304-3251

SEATTLE DIVISION OFFICE

400 Second Avenue, West
Seattle, WA 98119

Alaska (888) 219-4261
Idaho (888) 219-4261
Oregon (888) 219-4261
Washington (888) 219-1418

ST. LOUIS DIVISION OFFICE

317 South 16th Street
St. Louis, MO 63103

Iowa (888) 803-1179
Kansas (888) 803-1179
Missouri (888) 803-1179
Nebraska (888) 803-1179
South Dakota (888) 803-1179

WASHINGTON, D.C. DIVISION OFFICE

Techworld Plaza
800 K Street, N.W., Suite 500
Washington, D.C. 20001

District of Columbia (877) 801-7974
Maryland (877) 330-6670
Virginia (877) 801-7974
West Virginia (877) 330-6670

RENEWAL INST - Page 4

From: [REDACTED]
To: McAuliffe, John@CDOR
Subject: DEA Registrations
Date: Thursday, September 30, 2010 4:02:26 PM
Attachments: [pract_manual012508.pdf](#)

John,

I hope you able to get in contact with our DEA Diversion H.Q. International Drug Unit: [REDACTED] & [REDACTED], for assistance with your international drug import issue. Feel free to contact me if you need any other assistance. For your agency's information, I have attached the "DEA Practitioners Manual" which discusses the rules and regulations that pertain to Practitioner DEA Registrations.

<<pract_manual012508.pdf>>

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]



Practitioner's Manual

An Informational Outline of the
Controlled Substances Act

2006 Edition

Drug Enforcement Administration
Practitioner's Manual

Joseph T. Rannazzisi
Deputy Assistant Administrator
Office of Diversion Control

Mark W. Caverly
Chief, Liaison and Policy Section

This manual has been prepared by the Drug Enforcement Administration, Office of Diversion Control, to assist practitioners (physicians, dentists, veterinarians, and other registrants authorized to prescribe, dispense, and administer controlled substances) in their understanding of the Federal Controlled Substances Act and its implementing regulations as they pertain to the practitioner's profession.

2006 Edition

ii

Drug Enforcement Administration
Practitioner's Manual

Table of Contents

Section I - Introduction

Disclaimer.....	1
Authorization for Public Dissemination.....	2
Message from the Administrator.....	3
Preface.....	4

Section II – General Requirements

Schedules of Controlled Substances.....	5
Schedule I Substances.....	5
Schedule II Substances.....	5
Schedule III Substances.....	6
Schedule IV Substances.....	6
Schedule V Substances.....	6
Registration Requirements.....	7
Application for Registration.....	7
Certificate of Registration.....	8
Registration Renewals.....	9
Change of Business Address.....	11
Termination of Registration.....	11
Denial, Suspension or Revocation of Registration.....	11
Practitioner's Use of a Hospital's DEA Registration Number.....	12
Inappropriate Use of the DEA Registration Number.....	12
Exemption of Federal Government Practitioners from Registration.....	13

Section III – Security Requirements

Required Controls.....	14
Safeguards for Prescribers.....	15

Section IV – Recordkeeping Requirements

Recordkeeping Requirements.....	16
Inventory.....	16
Disposal of Controlled Substances.....	17

Drug Enforcement Administration
Practitioner's Manual

Table of Contents (continued)

Section V – Valid Prescription Requirements

Prescription Requirements.....	18
Who May Issue.....	18
Purpose of Issue.....	19
Schedule II Substances.....	19
Refills.....	19
Issuance of Multiple Prescriptions for Schedule II Substances.....	19
Facsimile Prescriptions for Schedule II Substances.....	20
Exceptions for Schedule II Facsimile Prescriptions.....	21
Schedule III-V Substances.....	21
Refills.....	21
Facsimile Prescriptions for Schedule III-V Substances.....	22
Telephone Authorization for Schedule III-V Prescriptions.....	22
Delivery of a Controlled Substance to Persons Outside the U.S.....	22

Section VI – Opioid (Narcotic) Addiction Treatment Programs

Opioid (Narcotic) Addiction Treatment Programs.....	23
---	----

Appendices

Appendix A	CSA and CFR Definitions.....	26
Appendix B	Questions and Answers.....	28
Appendix C	Summary of Controlled Substances Act Requirements.....	32
Appendix D	Internet Resources.....	33
Appendix E	DEA Diversion Field Office Locations.....	34
Appendix F	Small Business and Agriculture Regulatory Enforcement Ombudsman.....	40
Appendix G	Additional Assistance and Plain Language Statements.....	41
Appendix H	DEA Forms.....	42
	<i>DEA Form 41 - Registrants Inventory of Drugs Surrendered</i>	43
	<i>DEA Form 106 - Report of Theft or Loss of Controlled Substances</i>	45
	<i>DEA Form 222 - U.S. Official Order Form for Controlled Substances</i>	47
	<i>DEA Form 224 - Application for Registration</i>	48
	<i>DEA Form 224a - Renewal Application for Registration</i>	52
	<i>DEA Form 363 - Application for Registration Under the Narcotic Addict Treatment Act of 1974</i>	56
	<i>DEA Form 363a - Renewal for Registration Under the Narcotic Addict Treatment Act of 1974</i>	60

Drug Enforcement Administration
Practitioner's Manual

SECTION I - INTRODUCTION

This practitioner's manual is intended to summarize and explain the basic requirements for prescribing, administering, and dispensing controlled substances under the Controlled Substances Act (CSA), 21 USC 801-890, and the DEA regulations, Title 21, Code of Federal Regulations (CFR), Parts 1300 to 1316. Pertinent citations to the law and regulations are included in this manual.

Printed copies of the CFR and the complete regulations implementing the CSA may be obtained from:

Superintendent of Documents
U.S. Government Printing Office
Washington, D.C. 20402

Both the CFR and the *Federal Register* (which includes proposed and final regulations implementing the CSA) are available on the Internet through the U.S. Government Printing Office (GPO) website. This website, which provides information by section, citation and keywords, can be accessed at:

www.gpoaccess.gov/cfr/index.html

Unofficial copies of pertinent CFR citations may be found at:

www.DEAdiversion.usdoj.gov

This practitioner's manual may also be found on the Internet at DEA's Web Site (under "publications"):

www.DEAdiversion.usdoj.gov

Should any pertinent provisions of the law or regulations be modified in the future, DEA will issue a revised electronic version of this document, which will be published on the DEA Diversion Website.

If you encounter errors in this document, please notify:

Editor, DEA Practitioner's Manual
c/o DEA, Office of Diversion Control
Liaison and Policy Section
Washington, D.C. 20537

Inquiries regarding topics within this document may be addressed to your local DEA field office (listed in Appendix E) or the address above.

2006 Edition
Page 1

Drug Enforcement Administration
Practitioner's Manual

Message from the Administrator

The Drug Enforcement Administration is pleased to provide this updated edition of the 1990 Practitioner's Manual to assist you in understanding your responsibilities under the Controlled Substances Act (CSA) and its implementing regulations. This manual will help answer questions that you may encounter in your practice and provide guidance in complying with federal requirements.

DEA remains committed to the 2001 Balanced Policy of promoting pain relief and preventing abuse of pain medications. In enforcing the CSA, it is DEA's responsibility to ensure drugs are not diverted for illicit purposes. Unfortunately, this country is now experiencing an alarming prescription drug abuse problem:

- Today, more than 6 million Americans are abusing prescription drugs—that is more than the number of Americans abusing cocaine, heroin, hallucinogens, and inhalants, combined.
- Researchers from the Centers for Disease Control and Prevention report that opioid prescription painkillers now cause more drug overdose deaths than cocaine and heroin combined.
- Today more new drug users have begun abusing pain relievers (2.4 million) than marijuana (2.1 million) or cocaine (1.0 million).

It is more important now than ever to be vigilant in preventing the diversion and abuse of controlled substances. This manual will help you do that by listing some safeguards you can take to prevent such diversion. It also explains registration, recordkeeping, and valid prescription requirements.

As a practitioner, your role in the proper prescribing, administering, and dispensing of controlled substances is critical to patients' health and to safeguarding society against the diversion of controlled substances. DEA is committed to working jointly with the medical community to ensure that those in need are cared for and that legitimate controlled substances are not being diverted for illegal use.

Karen P. Tandy
Administrator
September 2006

Drug Enforcement Administration Practitioner's Manual

Preface

The Drug Enforcement Administration (DEA) was established in 1973 to serve as the primary federal agency responsible for the enforcement of the Controlled Substances Act (CSA). The CSA sets forth the federal law regarding both illicit and licit (pharmaceutical) controlled substances. With respect to pharmaceutical controlled substances, DEA's statutory responsibility is twofold: to prevent diversion and abuse of these drugs while ensuring an adequate and uninterrupted supply is available to meet the country's legitimate medical, scientific, and research needs. In carrying out this mission, DEA works in close cooperation with state and local authorities and other federal agencies.

Under the framework of the CSA, the DEA is responsible for ensuring that all controlled substance transactions take place within the "closed system" of distribution established by Congress. Under this "closed system," all legitimate handlers of controlled substances – manufacturers, distributors, physicians, pharmacies, and researchers – must be registered with DEA and maintain strict accounting for all distributions.

To carry out DEA's mission effectively, this 2006 Practitioner's Manual seeks to aid DEA registrants in complying with the CSA and its implementing regulations. The DEA understands that it can best serve the public interest by working with practitioners to prevent diversion of legal pharmaceutical controlled substances into the illicit market.

The federal controlled substances laws are designed to work in tandem with state controlled substance laws. Toward this same goal, DEA works in close cooperation with state professional licensing boards and state and local law enforcement officials to ensure that pharmaceutical controlled substances are prescribed, administered, and dispensed for legitimate medical purposes in accordance with federal and state laws. Within this cooperative framework, the majority of investigations into possible violations of the controlled substances laws are carried out by state authorities. However, DEA also conducts investigations into possible violations of federal law as circumstances warrant.

In the event a state board revokes the license of a practitioner, the DEA will take action and request a voluntary surrender of the practitioner's DEA registration. If the practitioner refuses to voluntarily surrender the registration, the DEA will pursue administrative action to revoke the DEA registration. The DEA may also pursue judicial action if there is sufficient evidence of illegal distribution or significant recordkeeping violations. All such actions are intended to deny the practitioner the means to continue to divert or abuse controlled substances as well as to protect the health and safety of the public and the practitioner.

The DEA is authorized under federal law to pursue legal action in order to prevent the diversion of controlled substances and protect the public safety. A lack of compliance may result in a need for corrective action, such as administrative action (that is, Letter of Admonition, an informal hearing or "order to show cause"), or in extreme cases, civil, or criminal action.

SECTION II – GENERAL REQUIREMENTS

Schedules of Controlled Substances

The drugs and other substances that are considered controlled substances under the CSA are divided into five schedules. A complete list of the schedules is published annually on an updated basis in the DEA regulations, Title 21 of the Code of Federal Regulations, Sections 1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States and their relative abuse potential and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are outlined below.

IMPORTANT NOTE:

All drugs listed in Schedule I have no currently accepted medical use in treatment in the United States and therefore may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in Schedules II through V all have some accepted medical use and therefore may be prescribed, administered, or dispensed for medical use.

Schedule I Substances

Substances in this schedule have no currently accepted medical use in treatment in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin; lysergic acid diethylamide (LSD); marijuana (cannabis); peyote; methaqualone; and methylene-dimethoxy-methamphetamine (“ecstasy”).

The CSA allows for bona fide research with controlled substances in Schedule I, provided that the FDA has determined the researcher to be qualified and competent, and provided further that the FDA has determined the research protocol to be meritorious. Researchers who meet these criteria must obtain a separate registration to conduct research with a Schedule I controlled substance.

Schedule II Substances

Substances in this schedule have a high potential for abuse with severe psychological or physical dependence.

Examples of single entity Schedule II narcotics include morphine, codeine, and opium. Other Schedule II narcotic substances and their common name brand products include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), and fentanyl (Sublimaze® or Duragesic®).

Drug Enforcement Administration
Practitioner's Manual

Examples of Schedule II stimulants include amphetamine (Dexedrine® or Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other Schedule II substances include: cocaine, amobarbital, glutethimide, and pentobarbital.

Schedule III Substances

Substances in this schedule have a potential for abuse less than substances in Schedules I or II.

Examples of Schedule III narcotics include combination products containing less than 15 milligrams of hydrocodone per dosage unit (i.e., Vicodin®) and products containing not more than 90 milligrams of codeine per dosage unit (i.e., Tylenol with codeine®).

Examples of Schedule III non-narcotics include benzphetamine (Didrex®), phendimetrazine, dronabinol (Marinol®), ketamine, and anabolic steroids such as oxandrolone (Oxandrin®).

Schedule IV Substances

Substances in this schedule have a lower potential for abuse relative to substances in Schedule III.

Examples of a Schedule IV narcotics include propoxyphene (Darvon® and Darvocet-N 100®).

Other Schedule IV substances include alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

Schedule V Substances

Substances in this schedule have a lower potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs. These are generally used for antitussive, antidiarrheal and analgesic purposes.

Examples include cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, and Phenergan with Codeine®).

Drug Enforcement Administration
Practitioner's Manual

Registration Requirements

Under the CSA, the term “practitioner” is defined as a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States or the jurisdiction in which the practitioner practices or performs research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research. Every person or entity that handles controlled substances must be registered with DEA or be exempt by regulation from registration.

The DEA registration grants practitioners federal authority to handle controlled substances. However, the DEA registered practitioner may only engage in those activities that are authorized under state law for the jurisdiction in which the practice is located. When federal law or regulations differ from state law or regulations, the practitioner is required to abide by the more stringent aspects of both the federal and state requirements. In many cases, state law is more stringent than federal law, and must be complied with in addition to federal law. Practitioners should be certain they understand their state as well as DEA controlled substance regulations.

Application for Registration

To obtain a DEA registration, a practitioner must apply using a DEA Form 224. Applicants may submit the form by hard copy or on-line. Complete instructions accompany the form. To obtain the application, DEA may be contacted at:

- www.DEAdiversion.usdoj.gov (DEA Diversion Internet Web Site)
- any DEA field office (see listing in Appendix E of this manual)
- DEA Headquarters' Registration Section in Washington, D.C. at 1-800-882-9539 (Registration Call Center)

The DEA Form-224 may be completed on-line or in hard copy and mailed to:

Drug Enforcement Administration
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

A sample DEA Form 224 – New Application for Registration, is located at Appendix H, DEA Forms.

Drug Enforcement Administration
Practitioner's Manual

Certificate of Registration

The DEA Certificate of Registration (DEA Form 223) must be maintained at the registered location in a readily retrievable manner and kept available for official inspection.

The CSA requires that a separate registration be obtained for each principal place of business or professional practice where controlled substances are manufactured, distributed, or dispensed. DEA has historically provided an exception that a practitioner who is registered at one location, but also practices at other locations, is not required to register separately for any other location at which controlled substances are only prescribed. If the practitioner maintains supplies of controlled substances, administers, or directly dispenses controlled substances at the separate location the practitioner must obtain a separate DEA registration for that location. The exception applies only to a secondary location within the same state in which the practitioner maintains his/her registration. DEA individual practitioner registrations are based on state authority to dispense or conduct research with respect to controlled substances. Since a DEA registration is based on a state license, it cannot authorize controlled substance dispensing outside that state. Hence, the separate registration exception applies only to locations within the same state in which practitioners have their DEA registrations.

Drug Enforcement Administration
Practitioner's Manual

A duplicate Certificate of Registration may be requested on-line. It appears on DEA's website, www.DEAdiversion.usdoj.gov, as follows:



DEA Form 223 Duplicate Certificate Login:

DEA Number (Required - Not Case Sensitive)

Last Name or Business Name (Required - Not Case Sensitive)
As it appears on your registration. Example:
If "Smith, John Q MD" is on your registration, then enter: **Smith**
If "Smith's, Pharmacy" is on your registration, then enter: **Smith's**
If "Smith's Pharmacy" (no comma) is on your registration,
then enter: **Smith's Pharmacy**

SSN (Required if given on application)

Tax ID (Required if given on application)

Note: If you renewed your registration recently, your duplicate certificate may not contain the new expire date, as some processing time is required.

[Login](#)

Registration Renewals

Practitioner registrations must be renewed every three years. Renewal registrations use DEA Form 224a, Renewal Application for DEA Registration (see example at Appendix H, DEA Forms). The cost of the registration is indicated on the application form.

A renewal application is sent to the registrant approximately 45 days before the registration expiration date. The renewal application is sent to the address listed on the current registration certificate. If the renewal form is not received within 30 days before the expiration date of the current registration, the practitioner should contact the DEA registration office for their state, or DEA Headquarters at 1-800-882-9539, and request a renewal registration form.

Drug Enforcement Administration Practitioner's Manual

The registration renewal application may be completed on-line at
www.DEAdiversion.usdoj.gov, or in hard copy and mailed to:

Drug Enforcement Administration
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083



[Drug Registration](#) > ODWIF

Registration Applications

Office of Diversion Control Web Interactive Forms (ODWIF)

RENEWAL APPLICATIONS

Log-In to Begin Renewal Process	Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner, Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter, Domestic Chemicals
Obtain Receipt	This link may be used ONLY if you have previously submitted a Renewal Application through this tool and need an additional receipt.
Duplicate Certificate	On-line tool to request certificates for additional, misplaced, illegible, or destroyed originals.

MINIMUM ON-LINE REQUIREMENTS

The DEA Forms listed below are for those applying to DEA for a controlled substance registration. Data will be entered through a secure connection to the ODWIF on-line web application system. Your web browser must support 128-bit encryption.

You will need to have the following information handy in order to complete the form:

- Tax ID number and/or Social Security Number
- State Controlled Substance Registration Information
- State Medical License Information
- Credit Card (VISA, MasterCard, Discover or American Express)

The ODWIF system can only process credit card transactions at this time. If you are paying by check, you will need to use the PDF version of the form, then print and mail the form to the address listed on the form.

Drug Enforcement Administration
Practitioner's Manual

Change of Business Address

A practitioner who moves to a new physical location must request a modification of registration. A modification of registration can be requested on-line at www.DEAdiversion.usdoj.gov or in writing to the DEA field office responsible for that state. If the change in address involves a change in state, the proper state issued license and controlled substances registration must be obtained prior to the approval of modification of the federal registration. If the modification is approved, DEA will issue a new certificate of registration and, if requested, new Schedule II order forms (DEA Form-222, Official Order Form). A Renewal Application for Registration (DEA Form-224a) will only be sent to the registered address on file with DEA. It will not be forwarded.

Termination of Registration

Any practitioner desiring to discontinue business activities with respect to controlled substances must notify the nearest DEA field office (see Appendix E) in writing. Along with the notification of termination of registration, the practitioner should send the DEA Certificate of Registration and any unused Official Order Forms (DEA Form-222) to the nearest DEA field office.

Denial, Suspension or Revocation of Registration

Under the CSA, DEA has the authority to deny, suspend, or revoke a DEA registration upon a finding that the registrant has:

1. Materially falsified any application filed
2. Been convicted of a felony relating to a controlled substance or a List I chemical
3. Had their state license or registration suspended, revoked, or denied
4. Committed an act which would render the DEA registration inconsistent with the public interest
5. Been excluded from participation in a Medicaid or Medicare program

In determining the public interest, the CSA states the following factors are to be considered:

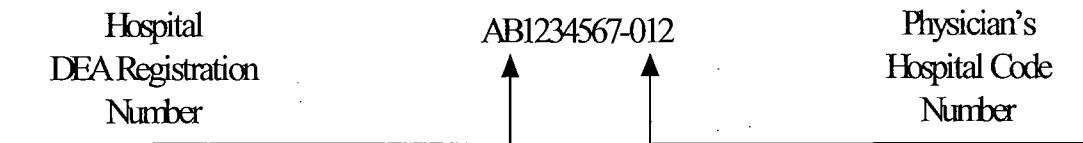
1. The recommendation of the appropriate state licensing board or professional disciplinary authority
2. The applicant's experience in dispensing or conducting research with respect to controlled substances
3. The applicant's conviction record under federal or state laws relating to the manufacture, distribution, or dispensing of controlled substances
4. Compliance with applicable state, federal, or local laws relating to controlled substances
5. Such other conduct which may threaten the public health and safety

Drug Enforcement Administration
Practitioner's Manual

Practitioner's Use of a Hospital's DEA Registration Number

Practitioners (e.g., intern, resident, staff physician, mid-level practitioner) who are agents or employees of a hospital or other institution may, when acting in the usual course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution in which they are employed, provided that:

1. The dispensing, administering, or prescribing is in the usual course of professional practice
2. Practitioners are authorized to do so by the state in which they practice
3. The hospital or institution has verified that the practitioner is permitted to dispense, administer or prescribe controlled substances within the state
4. The practitioner acts only within the scope of employment in the hospital or institution
5. The hospital or institution authorizes the practitioner to dispense or prescribe under its registration and assigns a specific internal code number for each practitioner so authorized (See example of a specific internal code number below):



A current list of internal codes and the corresponding individual practitioners is to be maintained by the hospital or other institution. This list is to be made available at all times to other registrants and law enforcement agencies upon request for the purpose of verifying the authority of the prescribing individual practitioner.

Inappropriate Use of the DEA Registration Number

DEA strongly opposes the use of a DEA registration number for any purpose other than the one for which it was intended, to provide certification of DEA registration in transactions involving controlled substances. The use of DEA registration numbers as an identification number is not an appropriate use and could lead to a weakening of the registration system.

The Centers for Medicare and Medicaid Services has developed a National Provider Identification (NPI) number unique to each healthcare provider. The Final Rule for establishment of the NPI system was published in the Federal Register (FR 3434, Vol. 69, No. 15) by the Department of Health and Human Services on January 23, 2004. The effective date of this Final Rule was May 23, 2005; all covered entities must begin using the NPI in standard transactions by May 23, 2007.

Drug Enforcement Administration
Practitioner's Manual

**Exemption of Federal Government Practitioners from
Registration**

The requirement of registration is waived for any official of the U.S. Army, Navy, Marine Corps, Air Force, Coast Guard, Public Health Service, or Bureau of Prisons who is authorized to prescribe, dispense, or administer, but not to procure or purchase controlled substances in the course of his/her official duties. Such officials shall follow procedures set forth in Title 21, CFR § 1306 regarding prescriptions, but shall state the branch of service or agency (e.g., "U.S. Army" or "Public Health Service") and the service identification number of the issuing official in lieu of the registration number required on prescription forms. The service identification number for a Public Health Service employee is his/her Social Security identification number.

If a Federal Government practitioners wish to maintain a DEA registration for a private practice, which would include prescribing for private patients, they must be fully licensed to handle controlled substances by the state in which they are located. Under these circumstances, the Federal Government practitioner will not be eligible for the fee exemption and must pay a fee for the registration.

SECTION III – SECURITY REQUIREMENTS

Required Controls

Title 21, CFR Section 1301.71(a), requires that all registrants provide effective controls and procedures to guard against theft and diversion of controlled substances. A list of factors is used to determine the adequacy of these security controls. Factors affecting practitioners include:

1. The location of the premises and the relationship such location bears on security needs
2. The type of building and office construction
3. The type and quantity of controlled substances stored on the premises
4. The type of storage medium (safe, vault, or steel cabinet)
5. The control of public access to the facility
6. The adequacy of registrant's monitoring system (alarms and detection systems)
7. The availability of local police protection

Practitioners are required to store stocks of Schedule II through V controlled substances in a securely locked, substantially constructed cabinet. Practitioners authorized to possess carfentanil, etorphine hydrochloride and/or diprenorphine, must store these controlled substances in a safe or steel cabinet equivalent to a U.S. Government Class V security container.

Registrants should not employ as an agent or employee who has access to controlled substances:

1. Any person who has been convicted of a felony offense related to controlled substances
2. Any person who has been denied a DEA registration
3. Any person who has had a DEA registration revoked
4. Any person who has surrendered a DEA registration for cause

Lastly, practitioners should notify the DEA, upon discovery, of any thefts or significant losses of controlled substances and complete a DEA Form 106 regarding such theft or loss.

Drug Enforcement Administration
Practitioner's Manual

Safeguards for Prescribers

In addition to the required security controls, practitioners can utilize additional measures to ensure security. These include:

1. Keep all prescription blanks in a safe place where they cannot be stolen; minimize the number of prescription pads in use.
2. Write out the actual amount prescribed in addition to giving a number to discourage alterations of the prescription order.
3. Use prescription blanks only for writing a prescription order and not for notes.
4. Never sign prescription blanks in advance.
5. Assist the pharmacist when they telephone to verify information about a prescription order; a corresponding responsibility rests with the pharmacist who dispenses the prescription order to ensure the accuracy of the prescription.
6. Contact the nearest DEA field office (see Appendix E) to obtain or to furnish information regarding suspicious prescription activities.
7. Use tamper-resistant prescription pads.

SECTION IV – RECORDKEEPING REQUIREMENTS

Recordkeeping Requirements

Each practitioner must maintain inventories and records of controlled substances listed in Schedules I and II separately from all other records maintained by the registrant. Likewise, inventories and records of controlled substances in Schedules III, IV, and V must be maintained separately or in such a form that they are readily retrievable from the ordinary business records of the practitioner. All records related to controlled substances must be maintained and be available for inspection for a minimum of two years.

A registered practitioner is required to keep records of controlled substances that are dispensed to the patient, other than by prescribing or administering, in the lawful course of professional practice. A registered practitioner is not required to keep records of controlled substances that are prescribed in the lawful course of professional practice, unless such substances are prescribed in the course of maintenance or detoxification treatment. A registered practitioner is not required to keep records of controlled substances that are administered in the lawful course of professional practice unless the practitioner regularly engages in the dispensing or administering of controlled substances and charges patients, either separately or together with charges for other professional services, for substances so dispensed or administered. A registered practitioner is also required to keep records of controlled substances administered in the course of maintenance or detoxification treatment of an individual.

Inventory

Each registrant who maintains an inventory of controlled substances must maintain a complete and accurate record of the controlled substances on hand and the date that the inventory was conducted. This record must be in written, typewritten, or printed form and be maintained at the registered location for at least two years from the date that the inventory was conducted. After an initial inventory is taken, the registrant shall take a new inventory of all controlled substances on hand at least every two years.

Each inventory must contain the following information:

1. Whether the inventory was taken at the beginning or close of business
2. Names of controlled substances
3. Each finished form of the substances (e.g., 100 milligram tablet)
4. The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle)
5. The number of commercial containers of each finished form (e.g., four 100 tablet bottles)

Drug Enforcement Administration
Practitioner's Manual

6. Disposition of the controlled substances

It is important to note that inventory requirements extend to controlled substance samples provided to practitioners by pharmaceutical companies.

Disposal of Controlled Substances

A practitioner may dispose of out-of-date, damaged, or otherwise unusable or unwanted controlled substances, including samples, by transferring them to a registrant who is authorized to receive such materials. These registrants are referred to as "Reverse Distributors." The practitioner should contact the local DEA field office (See Appendix E) for a list of authorized Reverse Distributors. Schedule I and II controlled substances should be transferred via the DEA Form 222, while Schedule III–V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years.

SECTION V – VALID PRESCRIPTION REQUIREMENTS

Prescription Requirements

A prescription is an order for medication which is dispensed to or for an ultimate user. A prescription is not an order for medication which is dispensed for immediate administration to the ultimate user (for example, an order to dispense a drug to an inpatient for immediate administration in a hospital is not a prescription).

A prescription for a controlled substance must be dated and signed on the date when issued. The prescription must include the patient's full name and address, and the practitioner's full name, address, and DEA registration number. The prescription must also include:

1. drug name
2. strength
3. dosage form
4. quantity prescribed
5. directions for use
6. number of refills (if any) authorized

A prescription for a controlled substance must be written in ink or indelible pencil or typewritten and must be manually signed by the practitioner on the date when issued. An individual (secretary or nurse) may be designated by the practitioner to prepare prescriptions for the practitioner's signature.

The practitioner is responsible for ensuring that the prescription conforms to all requirements of the law and regulations, both federal and state.

Who May Issue

A prescription for a controlled substance may only be issued by a physician, dentist, podiatrist, veterinarian, mid-level practitioner, or other registered practitioner who is:

1. Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice
2. Registered with DEA or exempted from registration (that is, Public Health Service, Federal Bureau of Prisons, or military practitioners)
3. An agent or employee of a hospital or other institution acting in the normal course of business or employment under the registration of the hospital or other institution which is registered in lieu of the individual practitioner being registered provided that additional requirements as set forth in the CFR are met.

Drug Enforcement Administration
Practitioner's Manual

Purpose of Issue

To be valid, a prescription for a controlled substance must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice. The practitioner is responsible for the proper prescribing and dispensing of controlled substances. In addition, a corresponding responsibility rests with the pharmacist who fills the prescription. An order purporting to be a prescription issued not in the usual course of professional treatment or in legitimate and authorized research is not a valid prescription within the meaning and intent of the Controlled Substances Act and the person knowingly filling such a purported prescription, as well as the person issuing it, shall be subject to the penalties provided for violations of the provisions of law relating to controlled substances.

A prescription may not be issued in order for an individual practitioner to obtain controlled substances for supplying the individual practitioner for the purpose of general dispensing to patients.

Schedule II Substances

Schedule II controlled substances require a written prescription which must be signed by the practitioner. There is no federal time limit within which a Schedule II prescription must be filled after being signed by the practitioner.

While some states and many insurance carriers limit the quantity of controlled substance dispensed to a 30-day supply, there are no specific federal limits to quantities of drugs dispensed via a prescription. For Schedule II controlled substances, an oral order is only permitted in an emergency situation.

Refills

The refilling of a prescription for a controlled substance listed in Schedule II is prohibited (Title 21 U.S. Code § 829(a)).

Issuance of Multiple Prescriptions for Schedule II Substances

DEA has revised its regulations regarding the issuance of multiple prescriptions for schedule II controlled substances. Under the new regulation, which became effective December 19, 2007, an individual practitioner may issue multiple prescriptions authorizing the patient to receive a total of up to a 90-day supply of a schedule II controlled substance provided the following conditions are met:

1. Each separate prescription is issued for a legitimate medical purpose by an individual practitioner acting in the usual course of professional practice.

Drug Enforcement Administration
Practitioner's Manual

2. The individual practitioner provides written instructions on each prescription (other than the first prescription, if the prescribing practitioner intends for that prescription to be filled immediately) indicating the earliest date on which a pharmacy may fill each prescription.
3. The individual practitioner concludes that providing the patient with multiple prescriptions in this manner does not create an undue risk of diversion or abuse.
4. The issuance of multiple prescriptions is permissible under applicable state laws.
5. The individual practitioner complies fully with all other applicable requirements under the Controlled Substances Act and Code of Federal Regulations, as well as any additional requirements under state law.

It should be noted that the implementation of this change in the regulation should not be construed as encouraging individual practitioners to issue multiple prescriptions or to see their patients only once every 90 days when prescribing schedule II controlled substances. Rather, individual practitioners must determine on their own, based on sound medical judgment, and in accordance with established medical standards, whether it is appropriate to issue multiple prescriptions and how often to see their patients when doing so.

Facsimile Prescriptions for Schedule II Controlled Substances

In order to expedite the filling of a prescription, a prescriber may transmit a Schedule II prescription to the pharmacy by facsimile. The original Schedule II prescription must be presented to the pharmacist for review prior to the actual dispensing of the controlled substance.

In an emergency, a practitioner may call-in a prescription for a Schedule II controlled substance by telephone to the pharmacy, and the pharmacist may dispense the prescription provided that the quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period. The prescribing practitioner must provide a written and signed prescription to the pharmacist within seven days. Further, the pharmacist must notify DEA if the prescription is not received.

Drug Enforcement Administration
Practitioner's Manual

Exceptions for Schedule II Facsimile Prescriptions

DEA has granted three exceptions to the facsimile prescription requirements for Schedule II controlled substances. The facsimile of a Schedule II prescription may serve as the original prescription as follows:

1. A practitioner prescribing Schedule II narcotic controlled substances to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion may transmit the prescription by facsimile. The pharmacy will consider the facsimile prescription a "written prescription" and no further prescription verification is required. All normal requirements of a legal prescription must be followed.
2. Practitioners prescribing Schedule II controlled substances for residents of Long Term Care Facilities (LTCF) may transmit a prescription by facsimile to the dispensing pharmacy. The practitioner's agent may also transmit the prescription to the pharmacy. The facsimile prescription serves as the original written prescription for the pharmacy.
3. A practitioner prescribing a Schedule II narcotic controlled substance for a patient enrolled in a hospice care program certified and/or paid for by Medicare under Title XVIII or a hospice program which is licensed by the state may transmit a prescription to the dispensing pharmacy by facsimile. The practitioner or the practitioner's agent may transmit the prescription to the pharmacy. The practitioner or agent will note on the prescription that it is for a hospice patient. The facsimile serves as the original written prescription.

Schedule III-V Substances

A prescription for controlled substances in Schedules III, IV, and V issued by a practitioner, may be communicated either orally, in writing, or by facsimile to the pharmacist, and may be refilled if so authorized on the prescription or by call-in.

Refills

Schedule III and IV controlled substances may be refilled if authorized on the prescription. However, the prescription may only be refilled up to five times within six months after the date on which the prescription was issued. After five refills or after six months, whichever occurs first, a new prescription is required.