Facsimile Prescriptions for Schedule III-V Substances

Prescriptions for Schedules III-V controlled substances may be transmitted by facsimile from the practitioner or an employee or agent of the individual practitioner to the dispensing pharmacy. The facsimile is considered to be equivalent to an original prescription.

Telephone Authorization for Schedule III-V Prescriptions

A pharmacist may dispense a controlled substance listed in Schedule III, IV, or V pursuant to an oral prescription made by an individual practitioner and promptly reduced to writing by the pharmacist containing all information required for a valid prescription, except for the signature of the practitioner.

Delivery of a Controlled Substance to Persons Outside the U.S.

Controlled substances that are dispensed pursuant to a legitimate prescription may not be delivered or shipped to individuals in another country. Any such delivery or shipment is a prohibited export under the CSA.

SECTION VI – OPIOID (NARCOTIC) ADDICTION TREATMENT PROGRAMS

The Narcotic Addiction Treatment Act of 1974 and the Drug Addiction Treatment Act of 2000 amended the CSA with respect to the use of controlled substances in the medical treatment of addiction. These laws established the procedures for approval and licensing of practitioners involved in the treatment of opioid addiction as well as improving the quality and delivery of that treatment to the segment of society in need.

Practitioners wishing to administer and dispense approved Schedule II controlled substances (that is, methadone) for maintenance and detoxification treatment must obtain a separate DEA registration as a Narcotic Treatment Program. Application for registration as a Narcotic Treatment Program is made using DEA Form 363. In addition to obtaining this separate DEA registration, this type of activity also requires the approval and registration of the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (HHS), as well as the applicable state methadone authority.

If a practitioner wishes to prescribe, administer, or dispense Schedule III, IV, or V controlled substances approved for addiction treatment (i.e., buprenorphine drug products), the practitioner must request a waiver (Form SMA-167) and fulfill the requirements of CSAT. CSAT will then notify DEA of all waiver requests. DEA will review each request. If DEA approves this waiver, the practitioner will receive a Unique Identification Number. If a practitioner chooses to dispense controlled substances, the practitioner must maintain, separate from all other records, for a period of at least two years, all required records of receipt, storage, and distribution. If a practitioner chooses to prescribe these controlled substances, the practitioner must utilize their Unique Identification Number on the prescription in addition to his/her regular DEA registration number. The practitioner must also maintain a record of each such prescription for a period of at least two years. Practitioners should be aware that there may be limits on how many patients they may treat for opioid addiction at any given time and should check with SAMHSA to determine these limits.

Note that not all treatment programs utilize controlled substances, that is, some are drug free. Accordingly, these activities do not require DEA registration or approval.

Practitioners can find additional information regarding addiction treatment by visiting DEA's Office of Diversion Control website at www.DEAdiversion.usdoj.gov. Click on "Publications," then "Narcotic Treatment Programs: Best Practices Guidelines." The DEA application Form 363 may be completed on-line.

To learn more about CSAT's requirements, practitioners may visit one or more of the following websites: www.samhsa.gov/centers/csat2002/csat_frame.html, www.buprenorphine.samhsa.gov.

If the practitioner has a patient who is in need of addiction treatment, but does not wish to treat the individual, the practitioner can refer the patient to an existing facility through the following website: www.findtreatment.samhsa.gov.

APPENDIX A

CSA & CFR Definitions

Administer

The direct application of a controlled substance to the body of a patient or research subject by 1) a practitioner or (in his presence) by his authorized agent, or 2) the patient or research subject at the direction and in the presence of the practitioner, whether such application is by injection, inhalation, ingestion, or any other means.

Dispense

To deliver a controlled substance to an ultimate user or research subject by, or pursuant to the lawful order of, a practitioner, including the prescribing and administering of a controlled substance and the packaging, labeling, or compounding necessary to prepare the substance for such delivery.

Dispenser

An individual practitioner, institutional practitioner, pharmacy or, pharmacist who dispenses a controlled substance.

Individual Practitioner

A physician, dentist, veterinarian, or other individual licensed, registered or otherwise permitted, by the United States or the jurisdiction in which they practice, to dispense a controlled substance in the course of professional practice, but does not include a pharmacist, a pharmacy, or an institutional practitioner.

Institutional Practitioner

A hospital or other person (other than an individual) licensed, registered or otherwise permitted, by the United States or the jurisdiction in which it practices, to dispense a controlled substance in the course of professional practice, but does not include a pharmacy.

Inventory

All factory and branch stocks in finished form of a basic class of controlled substance manufactured or otherwise acquired by a registrant, whether in bulk, commercial containers, or contained in pharmaceutical preparations in the possession of the registrant (including stocks held by the registrant under separate registration as a manufacturer, importer, exporter, or distributor).

Long Term Care Facility

A nursing home, retirement care, mental care, or other facility or institution which provides extended health care to resident patients.

Mid-level Practitioner

An individual practitioner, other than a physician, dentist, veterinarian, or podiatrist, who is licensed, registered or otherwise permitted by the United States or the jurisdiction in which he/she practices, to dispense a controlled substance in the course of professional practice. Examples of mid-level practitioners include, but are not limited to, health care providers such as nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants who are authorized to dispense controlled substances by the state in which they practice.

Pharmacist

Any pharmacist licensed by a state to dispense controlled substances, and shall include any other person (e.g., pharmacist intern) authorized by a state to dispense controlled substances under the supervision of a pharmacist licensed by such state.

Prescription

An order for medication which is dispensed to or for an ultimate user but does not include an order for medication which is dispensed for immediate administration to the ultimate user (e.g., an order to dispense a drug to a bed patient for immediate administration in a hospital is not a prescription).

Readily Retrievable

Certain records are kept by automatic data processing systems or other electronic or mechanized record keeping systems in such a manner that they can be separated out from all other records in a reasonable time and/or records are kept on which certain items are asterisked, redlined, or in some other manner visually identifiable apart from other items appearing on the records.

APPENDIX B

Questions and Answers

The following questions are those that are frequently encountered by DEA's Office of Diversion Control and its field units. These questions and their accompanying answers are provided in context of the CSA and its federal regulations.

Q Are separate registrations required for separate locations?

A A separate registration is required for each principal place of business or professional practice where controlled substances are stored or dispensed by a person.

Q Does a practitioner need a separate registration to treat patients at remote health care facilities?

A Separate registration is not required in an office used by a practitioner (who is registered at another location) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, and where no supplies of controlled substances are maintained.

O Do all practitioners in a group practice need to be registered?

An individual practitioner who is an agent or employee of another practitioner (other than a mid-level practitioner) registered to dispense controlled substances may, when acting in the normal course of business or employment, administer or dispense (other than by issuance of prescription) controlled substances if and to the extent that such individual practitioner is authorized or permitted to do so by the jurisdiction in which he or she practices, under the registration of the employer or principal practitioner in lieu of being registered him/herself.

Q Do medical residents assigned to hospitals need to register?

A An individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution which is registered in lieu of being registered provided that additional requirements as set forth in the CFR are met.

${f Q}$ Are military personnel exempted from registration?

A Registration is waived for any official of the U.S. Army, Navy, Marine Corps, Air Force, or Coast Guard who is authorized to prescribe, dispense, or administer, but not procure or purchase, controlled substances in the course of his/her official duties. Such officials must follow procedures set forth in 21 CFR Part 1306 regarding prescriptions. Branch of service or agency and the service identification number of the issuing official is required on the prescription form in lieu of the DEA registration number.

If any exempted official engages as a private individual in any activity or group of activities for which registration is required, that individual must obtain a registration for those private activities.

Further, practitioners serving in the U.S. Military are exempt from registering with DEA, but are not authorized to procure or purchase controlled substances in the course of their official duties.

A number of states also require military practitioners to acquire a separate state license if they issue prescriptions that are filled outside the military facility where they practice.

Q Are contract practitioners working at U.S. Military Installations also exempt from registration?

A They are not exempt. A contract practitioner who is not an official of the military on active duty, but is engaged in medical practice at a military installation, must possess a current DEA registration. The individual must also possess a valid state license for the same state in which he/she is registered with DEA.

${f Q}$ What should a practitioner do if he/she discovers a theft or loss?

A Registrants must notify the DEA field office in their area of the theft or significant loss of any controlled substances upon discovery. The registrant must also complete DEA Form 106 documenting the loss or theft.

Q What is meant by "acceptable medical practice?"

A The legal standard that a controlled substance may only be prescribed, administered, or dispensed for a legitimate medical purpose by a physician acting in the usual course of professional practice has been construed to mean that the prescription must be "in accordance with a standard of medical practice generally recognized and accepted in the United States."

Federal courts have long recognized that it is not possible to expand on the phrase "legitimate medical purpose in the usual course of professional practice" in a way that will provide definitive guidelines to address all the varied situations physicians may encounter.

While there are no criteria to address every conceivable instance of prescribing, there are recurring patterns that may be indicative of inappropriate prescribing:

- An inordinately large quantity of controlled substances prescribed or large numbers of prescriptions issued compared to other physicians in an area;
- No physical examination was given;
- Warnings to the patient to fill prescriptions at different drug stores;
- Issuing prescriptions knowing that the patient was delivering the drugs to others;
- Issuing prescriptions in exchange for sexual favors or for money;
- Prescribing of controlled drugs at intervals inconsistent with legitimate medical treatment;
- The use of street slang rather than medical terminology for the drugs prescribed; or
- No logical relationship between the drugs prescribed and treatment of the condition allegedly existing.

Each case must be evaluated based on its own merits in view of the totality of circumstances particular to the physician and patient.

For example, what constitutes "an inordinately large quantity of controlled substances," can vary greatly from patient to patient. A particular quantity of a powerful Schedule II opioid might be blatantly excessive for the treatment of a particular patient's mild temporary pain, yet insufficient to treat the severe unremitting pain of a cancer patient.

Q What information is required to be provided on a written prescription?

A All written prescriptions for controlled substances must be dated as of, and signed on, the date when issued. Each prescription must indicate the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed,

directions for use and the name, address, and DEA number of the practitioner. Further, prescriptions must be written in ink, indelible pencil, or by typewriter, and must be manually signed by the practitioner.

Q What is meant by "date of issuance?"

A The date a prescription is issued is the same date that the prescribing practitioner actually writes and signs the prescription.

Q Is there a time limit for filling Schedule II prescriptions?

A There is no federal time limit for filling Schedule II prescriptions. However, some state laws do set time limits.

APPENDIX C

Summary of Controlled Substances Act Requirements

	Schedule II	Schedule III & IV	Schedule V
Registration	Required	Required	Required
Receiving Records	Order Forms (DEA Form-222)	Invoices, Readily Retrievable	Invoices, Readily Retrievable
Prescriptions	Written Prescription (See exceptions*)	Written, Oral, or Fax	Written, Oral, Fax, or Over The Counter**
Refills	No	No more than 5 within 6 months	As authorized when prescription is issued
Distribution Between Registrants	Order Forms (DEA Form-222)	Invoices	Invoices
Security	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage
Theft or Significant Loss	Report and complete DEA Form 106	Report and complete DEA Form 106	Report and complete DEA Form 106

Note: All records must be maintained for 2 years, unless a state requires a longer period.

** Where authorized by state controlled substances authority.

^{*} Emergency prescriptions require a signed follow-up prescription.

Exceptions: A facsimile prescription serves as the original prescription when issued to residents of Long Term Care Facilities, Hospice patients, or compounded IV narcotic medications.

APPENDIX D

Internet Resources

<u>DEA's Diversion Control Program Website</u> www.DEAdiversion.usdoj.gov

DEA Homepage www.dea.gov

<u>U.S. Government Printing Office</u> www.gpoaccess.gov/cfr/index.html

Provides access to the Code of Federal Regulations (21 CFR, Parts 1300 to end), primary source for the Practitioner's Manual, and the Federal Register which contains proposed and finalized amendments to the CFR.

Office of National Drug Control Policy (ONDCP) www.whitehousedrugpolicy.gov

Food and Drug Administration www.FDA.gov

HHS & SAMHSA's National Clearinghouse for Alcohol and Drug Information www.health.org

SAMHSA/CSAT www.csat.samhsa.gov

<u>Federation of State Medical Boards</u> www.FSMB.org

National Association of Boards of Pharmacy www.nabp.net

National Association of State Controlled Substances Authorities www.nascsa.org

APPENDIX E

Drug Enforcement Administration Diversion Field Office Locations

For address and telephone number updates, please see the DEA website: www.deadiversion.usdoj.gov/offices_n_dirs/index.html

Appendix E pages 34-39 of this manual contained outdated Field Office Information and therefore have been removed. Please refer to the above link for current Diversion Field Office Locations.

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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).

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

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

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	NAME OF DRUG OR PREPARATION	Number	CONTENTS (Number of grams, models,	Con- trolled Sub- stance	FOR DEA	USE O	NLY
		Con-	punces or party units per con-	Con- tent, (Each	DISPOSITION		NTITY
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	INSTRUCT	ONS					
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	All packages included on a single line should be identical in name, content and c	establish ta	ibstance strengt	b.			
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3.	Propers this form in quadruphices. Mail two (2) copies of this form to the Speci- copy in the shipment with the drugs. Retain one copy for your records. One cop- tionitized to you unless specifically requested. Any further inquiries concorning terror your area.	el Ageut in ' v will be ret ibese drags	Charge, under a mreed to you as should be addr	a receipt.	No further receipt w a DEA District Office	naprez 31 pe 120017)	

PRIVACY ACT REFORMATION

Drugs should be skipped tape-sealed via prepaid express or certified mad (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your great.

PRIVACE ACT MEDITARIA NUM

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 Committed Substances. Disclosures of information from this system are made to the following categories of uses 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 Raduction Act, a person is not required to append 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 stephnes, including the time for reviewing instructions, searching additing data sources, gathering and maintaining the data needed, and completing and reviewing the 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. 20507; and to the Office of Management and Budget, Paperwork Reduction Project no. 1117-0007, Washington, D.C. 20503.



REPORT O	F THEFT OR LOSS (OF CONTROLLED	SUBSTAN	ICES
Federal Regulations require registrants to submit				
Enforcement Administration,				OMB APPROVAL
Complete the front and back of this form in triplic Retain the triplicate copy for your records. Some	states may also require a copy	suplicate copies to the near of this report.		No. 1117-0001
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14. IF LOST IN TRANSIT, COMPLETE THE FOLLO	WING:	L		
A. Name of Common Carrier	B. Name of Consignee	. 0	. Consignae's D	EA Registration Number
D. Was the carton received by the customer?	E. If received, did it appear to	o be tampered with?	Have you expe	rienced losses in transit carrier in the past?
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16. If Official Controlled Substance Order Forms (I	DEA-222) were stolen, give nun	nbers.		
17. What security measures have been taken to pr	event future thefts or losses?			
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PRIVACYACTINFORMA	TION	in accordance with the P	aperwork Raduc	allon Act of 1995, no person is
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PURPOSE: Report theft or loss of Controlled Substar ROUTINE USES: The Controlled Substances Act aut	horizes the production of	collection of information	is estimated to s	blic réporting burden for this average 30 minutes per
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pulposes stated:		completing and reviewing	the collection o	/ Information.
A. Other Federal law enforcement and regulatory a and regulatory purposes.	-			
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EFFECT: Failure to report theft or loss of controlled s	ubstances may result in			•
penalties under Section 402 and 403 of the Cor	ju ched Substantes Act.	L		

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantily
xemples: Descxyn	Methamphetamine Hydrochloride	5 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Viel	5 x 30 ml
Robitusein A.C	Codeine Phosphate	2 mg/es Liquid	12 Pinte
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2006 Edition Page 46

Title

Signature

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

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DEA Form-222 ct. 1992 U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

DRUG ENF RCEMENT ADMINISTRATI N
SUPPLIER'S Copy 1

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

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DEBT COLLECTION	Tax Identification Number	(Fregistration is for business)	Social Sec	urilly Number (I' registration is for	Individual)
INFORMATION Mandatory pursuant to Debt Collection improvements Act		and region and considerable of the constraint of	According to the contract of t		Provide 88N or TiN See note #3 on bottom of page 2
SECTION 2	☐ Hospital/Clinic	Ambulance Service	Precitito (ODS, DI	ner ND, DO, DPM, DVM, MD or PHD)	PROFESSIONAL DEGREE
BUSINESS ACTIVITY	garage	grang .	•	-	Pracitionans and MLPs
	is Nursing Home	Animai Shelter	(DDS, DI	ner Military VID, DO, DPM, DVM,MD or PHD)	Enter your professions degree from list
See page 5 for additional instructions	Central FII Pharmacy	Teaching Institution	Mid-levi (DCM, H	o) Practitioner (MLP) MD, MP, ND, NP, OD, PA, or RPH)	
	Retall Pharmacy	Automated Dispensing Sy	stem 🔲 Euthæne	asia Technician	
FOR Automated Dispensing (ADS) CNLY:	g System DEA Regit of Retail P for this AD	stration # harmacy		An ADS is automat Skip Section 6 and You must attach a	ically toe-exempt. Section 7 on page 2. notorized attidavil.
SECTION 3	Schedule II Narcollo	Schedu	le III Narcotic	☐ Sched	ule M
DRUG SCHEDULES	Schedule II Non-Nard	gewa	la III Non-Narcotic	Sched	
Chack all that apply	-				
		require official order forms for pu chedule il non-narcotic controlle			
		NEW-F			•

SECTION 4	Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise ha the schedules for which you are applying under the laws of the state or jurisdiction in which you a	ndle the controlled substances in are operating or propose to operate?
STATE LICENSE(S)	YES PENDING NO	State
Be sure to include both state license numbers		License Number
l'applicable		State Controlled Substance License Number (If required)
	1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) un	ON SES NO CHARGE BENDER OF THE CHARGE SES NO
LIABILITY	2. Has the applicant ever surrendered (for cause) or had a federal controlled aubstance registration	n revoked, suspended.
IMPORTANT	restricted; or denied?	· food Nood
All questions in this section must be answered.	 Has the applicant ever surrendered (for cause) or had a state professional license or controlled in revoked, suspended, denied, restricted, or placed on probation? is any such action pending? 	and the state of t
	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by it pertinership, or pharmack, has any officer, partner, stockholder, or proprietor been convicted of a tornicited obstance(s) under state or recens law, or ever surrendered, for cause, or had a feder registration revoked, abspectived, restricted, denied, or ever had a state professional icense or o registration revoked, suspended, denied, restricted or placed on probablich?	ne public), association, in clime in connection with in clime in connection with in clime in connection with in clime in connection with in clime in controlled substance
EXPLANATION OF 'YES' ANSWERS	Date(s) of Incident: Location(s) of Incident:	
Applicants who have answered "YES" to any of the four question 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	Check this box if the applicant is a federal, state, or local government operated hospital, inelline use to enter the name and address of the exampt institution in Section 1.	tulion or official.
CERTIFICATION OF EXEMPTION from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local governation or official, and is exempt from payment of the application fee.	ernment-operated hospital,
Provide the name and phone number of the certifying official	Signature of certifying official (other than applicant) Data	
٠,	Print or type name and title of certifying official Teleph	10/18 No. (required for verification)
SECTION 7	Print or type name and title of certifying cofficial Takept Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information.	IONB NO. (required for vertification)
METHOD OF PAYMENT	Make check payable to: Drug Enfort ement Administration	tone No. (required for verification) Mail this form with payment to:
METHOD OF	Check Make check payable to: Drug Enforcement Administration See page 4 of Instructions for Important Information.	Maliths form with payment to:
METHOD OF PAYMENT Check one farm of	Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Closcover Classer Card Clysse	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083
METHOD OF PAYMENT Check one farm of	Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Closcover Classer Card Clysse	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration
METHOD OF PAYMENT Check one form of payment only Sign if paying by	Check Make check payable to: Drug Enforcement Administration See page 4 of Instructions for Important Information. American Express © Discover © Master Card © Visa Credit Card Number Expiration Date	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 26083 Washington, DC 20038-8083
METHOD OF PAYMENT Check one form of payment only Sign it paying by credit card	Make check payable to: Drug Enforcement Administration See page 4 of Instructions for Important Information. American Express © Discover © Master Card © Visa Credit Card Number Expiration Date Signature of Card Holder	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 26083 Washington, DC 20038-8083
METHOD OF PAYMENT Check one form of payment only Sign if paying by credit card	Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct.	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 26083 Washington, DC 20038-8083
METHOD OF PAYMENT Check one form of payment only Sign I paying by credit card SECTION 8 APPLICANT'S BIGNATURE	Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Vise Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct.	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
METHOD OF PAYMENT Check one form of payment only Sign I paying by credit card SECTION 8 APPLICANT'S BIGNATURE	Check Make check payable to: Drug Enforcement Administration See page 4 of instructions for important information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder certify that the foregoing information furnished on this application is true and correct.	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 V/sahington, DC 20038-8083 FEE IS NON-REFUNDABLE
METHOD OF PAYMENT Chack one form of payment only Sign it paying by cracil card SECTION 8 APPLICANTS BIGNATURE Sign in Ink 1. No registration will be 2. In accordance with the valid CMB control authorities for reviewing 5. The Dott Octobrical in This number is requil	Check See page 4 of instructions for important Information. American Express Discover Master Card Visa Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder certify that the foregoing information furnished on the application is true and correct. Bignature of applicant Print or type name and title of applicant WARNING: Section 843(8)(4)(4) of Title 21, United States Code states that any person who knowingly or international internation in the application is understanded in the internation in the application is required to respond to a collection of the printed state in subject to imprisonment to not more than four years, a fine of notin the foreign collection in 1117-0014, Public reporting burden for this collection of information unless it depicted in the foreign collection in 1117-0014, Public reporting burden for this collection of information unless it depicted in a society of the collection of information unless it depicted to the collection of	Mail this form with payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 26063 Washington, DC 20038-6063 FEE IS NON-REFUNDABLE ationally furnishes fates or rors thin \$30,000, or both. asys a valid CMB control number. The rage 12 minutes per mapores, including wiswing the collection of information. Security Number on this application.
METHOD OF PAYMENT Chock one form of payment only Sign if paying by credit card SECTION 8 APPLICANT'S SIGNATURE Sign in Ink 1. No registration will be 2. In accordance with the year of the time for reviewing 3. The Debt Collection.	Check See page 4 of instructions for important Information. American Express Discover Master Card Vise Credit Card Number Expiration Date Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct. Bignature of applicant Discover Marking is accorded to the printed Name of card Holder Print or type name and title of applicant WARNING: Section 64:3(a)(a)(a) of Title 21, United Stries Code states that any person who knowingly or infer fraudulent information in the application is subject to implicement to not more than four years, a time of noting a Page rook Reduction Act of 1995, no person is required to respond to a calcation of information unless it depinated for this collection is 1117-0014. Public reporting burden for this collection of information unless it depinated for this collection is 1117-0014. Public reporting burden for this collection of information unless it depinated for this collection is 1107-0014. Public reporting burden for this collection of information unless it depinated to the collection of the controlled substances Act of 1995, no according and maintaining the data needed; and completing and maintaining the data needed and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining the data needed; and completing and maintaining and maintaining the data needed.	Mail this form aftir payment to: U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 V/ashington, DC 20038-8083 FEE IS NON-REFUNDABLE alle

Form-224	APPLICATION	ON FOR REGIS	TRATION			•		
	Supplementary	instructions and in	nformation					
ADDITIONAL INSTRUCTIONS	atreet a number	ANT IDENTIFICATION - In mipt applications must list in detress a post office lock market in the polying as a busing lock on an interpretation is market in the polying as a busing lock on a more market in the mark	sy be included. Applicar Nostontik	n must enter a vald social	security number (59N).	lata entry errora. required; after the , or a tax identification		
	Debt collection information is mandetary pursuant to the Debt Collection improvement Act of 1996. SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioners also enter one degree from this list: DD 8, DMC, DO, DPM, DVM, MD or PHD. Mid-lavel practitioners also enter one degree from these choices: DOM, HMD, MP, ND, NP, OD, PA, or RPH.							
·	Affidavit musi Include 3) Permit er Ilcanse n 4) Required Statemer	rent DEA registration num 1) Name of perent retail jo umber(s) and data is sued in it. This artistant is suedents commence proceedings material informations or corporation/partnership	ismaty and complete a of State certification to operation of to obtain a DEA register r to demy the application of armed in this affident in the state of the prosecution	ddress 2) Name of Long-t perate ADS at named LTC helion number. If any mai under section 304 of the A any subject the person star under section 403 of the under section 403 of the	am Care (LTC) facility : facility larial information is falso, lat (21 U.S.C. 8224(a)). Vog tris attachet, and in- lat (21 U.S.C 843).	and complate address , the Administrator may Any false or haudoloni o namad		
•	SECTION 3. DRUG I regular to trans	n operating the retail phants SCHEDULES - Applicants nents; federal registration of terschedule it controlled is the of Registration.	should check all drug so does not overrule state o	hedules to be handled. He estinations. Check the ord	lowever, applicants must for form box only if you in	t still comply with state		
		LICENSE(8) - Federal regi nis should contact the loca ad substance number, pro g'. If state licensing suito	stration by DEA is based I state licensing authority ide that number on this ifly is not required, indica	I upon the applicant 's con y prior to completing this a application. It a state lice ste "No":	ripliance with applicable pplication. If your state use has not yet been ise	state and local laws. requires a separate ued, indicaje		
	SECTION 5. LIABILI 2017 que	TY - Applicants must arsw attor, provide an explanat	ar all four quasilons for t on in the space provide:	he application to be accept. If additional space is re-	sted for processing. By c quired, you may attack a	ou amswored "Yes" to a separate sheet of paper.		
İ	operate	CATE OF EXEMPTION - d hospitate, institutions are y title, and telephone numb	d officials. The applicant	rs superior or agency office	ar must cerally exampt a	sal government datus. The algoature,		
		DOF PAYMENT - Indicate arry checks or checks draw		•	-	nent Administration".		
	:	ANT'S SIGNATURE - MU			·			
CONTACT INFORMATION	ATLANTA DIVIBION ATTN: Registration 75 Spring Street, SW, Allanta, GA 30303	OFFICE , Bulb 000	DETROIT DIVISION (431 Howard Street Detroit, MI 46226		PHILABELPHIA DIVI William J. Green Fedi 900 Arch Street, Root Philadalphia, PA 1910	eral Buikling m 10224		
1.INTERNET www.deadiversion.usdoj.go	Georgia North Carolina	(888) 889-8835 (888) 219-8653	Kentucky Michigan Ohio	(800) 230-6844 (800) 230-6844 (800) 230-6844	Dolaware Pennsylvania	(600) 393-0231 (600) 393-0231		
2. TELEPHONE Headquarters Call Center	/ South Carolina Tennessee BOSTON DIVISION (JFK Federal Building	(889) 533-6953 (888) 219-7695 DFFIGE	EL PASO DIVISION (El Paso Foderal Justik 600 Bouth Mesa Hills El Paso, TX 79012	g Center	PHOENIX DIVISION 3010 N. 2nd Street S Phoenix, AZ 55012			
(880) 802-9539	15 New Sudbury Stre Boston, MA 02203-01	et, Room E4CO 131	New Mexico	(915) 532-6014	Artona	(600) 741-0002		
3. WIRITTEN INQUIRIES DEA P.O. Box 20093	Connecticui Maine Massachuseite	(817) 557-2290 (000) 272-5174 (817) 557-2495	HOUSTON DIVISION 1433 Wash Loop Sout Houston, TX 77027-9	OFFICE h, 8uto 600	SAN DIEGO DIVISIO 4560 Viewritige Aven San Diego, CA 92123	9		
Washington DC 20000-8000	New Hampshire Rhode Island	(868) 272-5174 (817) 557-2200	Taxas (S. & Central)		Callonia (Southern)	(600) 204 1152		
4. DEA OFFICES DEA Offices are listed (800, 877, and 888	Vermont CARIBBEAN DIVISION P.O. Box 2167	(000) 272-5174 ON OFFICE	LOS ANGELES DIVIS 250 East Temple Sire Los Angeles, CA 9001	SION OFFICE et, 20th Floor	SAN FRANCISCO DI 450 Goldian Gate Ave P.O. Box 39035 San Francisco, CA 94	mus, 14th Floor		
are tol-free numbers)	San Juan, PR 00922	Table 1	California (S. Central)	(213) 621-6960	California (Northern)	(600) 304-3251		
. •	Puerto Rico U.S. Virgin Islands CHICAGO DIVISION	(707) 775-1796 (707) 775-1796 OFFICE	Hawaii Nevada Trusi Territory	(666) 415-6522 (666) 415-9522 (213) 694-2216	BEATTLE DIVISION 400 Second Avenue, Seattle, VVA 00119			
	Ruczynaki Federzi Bi 230 S. Dearborn Sire Chicago, IL 80904	uiding at, Sulta 1200	MIAMI DIVISION OFF 6400 N.W. 53rd Street Miami, FL 53168		Alaska kiaho	(600) 219-4261 (600) 219-4261		
	titrois Inclana	(312) 353-1234 (312) 353-1236	Florida	(303) 590-4560	Cregori Washington	(600) 219-4281 (600) 219-1418		
	Minnescia North Dakota Wisconsin	(312) 353-9198 (312) 353-9198 (312) 353-1238	NEWARK DIVISION (60 Mulberry Street, 2: Newark, NJ 07102	OFFICE nd Ficor	ST. LOUIS DIVISION 317 South 16th Stree St. Louis, MO 63103			
	DALLAS DIVISION O 10160 Technology Bh Dollas, TX 75220		New Jarsey NEW ORLEANS DIVI 3038 N. Causaway Bi Lakeway III, Suha 180	Vrd.	kowa Kansas Missouri Nabraska South Dalkota	(686) 883-1179 (686) 883-1179 (686) 883-1179 (686) 883-1179 (686) 883-1179		
	Texas (Northern) DENVER DIVISION (115 Inverness Drive, I	(888) 336-4704 DFFICE	Molario, LA 70002 Alabama Arkansas	(688) 514-5051 (688) 514-7302	WASHINGTON, D.C. Techworld Plaza 500 K Street, N.W., S	DIVISION OFFICE		
•	Englewood, CO 8011	2	Louisiana Mississippi	(856) 514-7302 (856) 514-7302	Washington, D.C. 20	CQ1		
	Colorado Meriana Utah Wyoming	(000) 328-6900 (000) 328-6900 (000) 328-6900	NEW YORK BIVISION OF Toolth Averus New York, NY 10011	N OFFICE	District of Columbia Maryland Vinginia West Vinginia	(677) 001-7974 (677) 330-8870 (677) 001-7074 (677) 330-8870		
NEW INST - Page 3			New York	(577) 553-5769 (212) 337-1593 (212) 337-1594				

DRUG SCHEDULES	Liked below are examples of the exhedules with saxig or contact the DEA office serving your area.	beng Qund code L	numbers. If you are in need of additional information, see 24 C	SEE 4300
	SCHEOULE I		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
	Acelophia	9319	Bupersephine Codeline up to 80 mg/du plus effect ingradients	9064 9019
	Acatylmathadol	9801	Estados de ineus to 90 matés ales other incredients	200
	Abjustanting	2602	Ethinacehine up to 15 mg/dm plus other Ingradients Hydrocedona up to 15 mg/dm plus other Ingradients	2008
	Aşifiscolylmothadd (except (AAM) Suldianing	9803 7453	Microphysia no 10 mg/16Cms at gan plas ring ad indicat Microphysia no 10 mg/16Cms at gan plas ring ad indicat	360E
	Destronoranicis	2613	Objete ab as 200 militature topre agus segue printe tuitien.	9079 9008
	Okathyltryptamine (DET)	7434		
	2,5 - Dimethoxyamphetaeaine (DMA)	7306	NORMARCOTIC BASIC CLASSES	OODE
	Directly/fryptamine (DMT)	7435		
	Ekspirina (except hydrocrinistia sali) garrima i lydrocybutysti, aciti (ascept drug product)	9056 2010	Anaisoite Biarokia Bessysiaannina	4008 1228
	House and a decirion of a serial formation and become a	2200	Baselini	2500
	libogaine .	7200	Diosableol Pharmacoutical Product	TORE
	Katobemitone	9520	GHB Ereg Product (gamma-Hydroxybubytic ackt)	2016
	Lynargic acid die hyterride (LSE)	7315	Katanton	7265
	Martisana Marcaina	7360 7361	Mailings years Considerable folius noncontention within in condicate	2573
	McCanalone	2565	Positiva bisi plus noncontrolled acide Ingredicula Positiva bisi suppository	2571 2271
	3.4 - Mathylanedkavemokajemina (MDA)	7400	Fixectoretrazine	1615
	3.4 - Mothylonedickytemphatemine (MDA) 3.4 - Mothylonedickymolicanighotamine (MDMA)	7405	Secretaristics concentration action incredients	20 FE
	#- Extyl- 1 - PTIONYEYCUD&ByESYSH3 (PCE)	7433	Sacolaintálaí suppository	2316
	Poyota	7415	Thing-andre	2524
	1 - (1-Phonykyciahanyk)pystakalna (PCP) Psilecybin	7456 7437	Virtistital	2335
	Palogn	7436		
	Rationychocannabinels (THE)	7370	SCHEDULE IV	
	1-[1-[2-Thianyli-cyclohairyli-sépadaine	7470	NARCOTIC BASIC CLASSES	CODE
	SCHEDULE (I		Destroyon oxyphene du	2279
	NARCOTIC BASIC CLASSES	CODE	CRecords 1mg/25ug atropine SO-Fds	9167
	Alphagratho	2016	NON-MARCOTIC BASIC CLASSES	CODE
	Artlandina	9020	Alpendera	2562
	Cousino	9041	8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	2143
	Coxisine	9050	Crised Hydrain	2465
	Description (bulk)	2273	Cristalizacionomia Cristalizacione	2744 2798
	Digital Control of the Control of th	0170		2755 2755
	Digramorphine (M50-50)	2035	Clesisyspepion	1619
	Eligimorphine Esophine Hydrochloride (M-06)	9190 2002	Formani e	1570
	Guidhimide	2350	Flaragen	25
	Hydrocadona	9193	Helecopen	H.
	Hydramorphona	9150	Leraciónson Microscol	2505 1605
	Lave-alphacotylmathedici (LAAM)	2648	Menager	2000
	Larupiano) Maccidine	9220 9230	Mapheterblai (Mathylphanobestical)	23
	Moderations	2250	Monadamaia Monadamia	7039
	Ucrphine	2300		7264
	Option, powdered	2639	Military	2204
	Çiptem, iran	9800 9143	Orampan Parakahya	2535 2566
	Okyazdone Okyazophone	9143 9652	Perrotee	1336
	Project Straw	9571	Feriescoine	9FC#
	Propey Straw Concentrate Testicine	9670	Phenoisaridial	Z205
	Thebalas	9333	Parisons	1648
	1474 4400000 BARKS C. AREED		Ousersam	2764 2001
	NON-NARCOTTO BASIC CLASSES	CODE	The contract of the contract o	763
	Amedostitisi	2125	(Principles)	2507
	Amethotamine	1100	Zutpichen	2763
	Mainemphoterrine	1105		
	Monthylphonidate	1724	· ·	
	Psetch artifol	2270	SCHEDULE V	
	Riskoydidno (PCP) Presnotradno	7471 1831		
				CODE
	Promylametone	5501		WINE

Notice to Registrants Molting Payment by Check

Assistantian to Convert Your Check: If you send us a clasest is make your payment, your check will be excelled this an electronic fund issued at the first stamment of the process in which we electronic plant interests in the first funds to transfer funds there your excellent to one accurate, rethrer than processing your check. By mending your completed, signed check to se, your substitutes to capy your check and to use the account information from your clear's make an electronic fund issued for from your account for the same amount as the check. If the electronic hand issued for common for facilities in the process if the copy of your check and the process of the check is the same amount as the check. If the electronic hand issued for common for facilities in the process if the copy of your check.

Sessificator Funds: The electronic funds framefor from your account will usually occur with 24 hours, which is feature from a check is normally processed. Therefore, making sure issues are sufficient funds associated by your checking account when you send us your checking funds. If the electronic funds transfer control be completed because of insufficient funds, your checking account when you send us your checking funds.

Reseasing this matter. The electronic fund transfer from your account will be on the account statement you receive from your financial lessification. However, the transfer may be in a different piece on year statement than the place where your checks normally appear. For example, it may appear under "other withdrawais" or "other transactions." You will act receive your original check, but we will large a copy of the check for recent-bearing your original check, but we will large a copy of the check for recent-bearing your original check, but we will large a copy of the check for recent-bearing your original check.

Plant Rights: You should coalest your financial institution institution institution in the short the electronic fund transfer reported on your access statement was not properly assistanced or is otherwise facured. Consumers have protections under Faddreit have called the Electronic Faunt Transfer Act for an unsubmerted or inportect electronic hand leading.

NEW NST - Page 4

Form- 224a	RENEWAL APPLICATION FOR REGISTRATION Under the Controlled Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224a (1-05)
INSTRUCTIONS	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. 8. If you have any questions call 800-822-9539 prior to submitting your application. 7. Save time - renew online at www.deadiversion.usdoj.gov. IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE.	REGISTRATION INFORMATION : DEA # REGISTRATION EXPIRES
		FEE IS NON-REFUNDABLE
SECTION 1 DRUG SCHEDULES Check all that apply	Schedule II Narcotic Schedule II Non-Narcotic Schedule III Non-Narcotic	Schedule IV
SECTION 2	Check this box if you need official order forms – for the purchase of schedul	le il narcotic/sokedule il non-narcot o controlled substances.
SECTION 3 STATE LICENSE(S)	A. Are you currently authorized to prescribe, distribute, discense, conduct resear he schedules for which you are applying under the lews of the state or jurisdiction. YES NO	rch, or otherwise handle the controlled substances in on in which you are operating or propose to operate?
Be sure to include both state license numbers if applicable		Slate License Number
	The second secon	State Controlled Substance License Number (if required)
LIABILITY IMPORTANT: Il you answered yes to mes question (s) on previous application, you must continue to answer yes and	B. Has the applicant ever been convicted of a crime in connection with cont or federal faw? C. Has the applicant ever surrendered (for cause) or had a federal controlled suspended, restricted, or denied? D. Has the applicant ever surrendered (for cause) or had a state professional registration revoked, suspended, denied, restricted, or placed on probation.	I substance registration revoked,
provide a statement of explanation. All questions in this section must be answered.	registration revoked, suspended, denied, restricted, or placed on probation. E. If the applicant is a corporation (other than a corporation whose stock is association, parinership, or pharmacy, has any officer, partner, stockholder, crime in connection with controlled substances under state or federal law, had a federal controlled substance registration revoked, suspended, restriprofessional license or controlled substance registration revoked, suspended probation?	
SECTION 4		
EXPLANATION OF "YES" ANSWERS	Date(s) of incident: Location(s) of incider Nature of incident:	nt:
Applicants who have answered 'YES' to questions B, C, D, or E above must provide a statement to explain such answers		
Use this space or attach a separate sheet and return with application	Result of incident:	
,	RENEWAL - Pags 1	

	to the contract of the contrac	
SECTION 5	Last Name (if registration is for individual) -OR- Business Name (if registration is for business)	
CHANGES TO APPLICANT IDENTIFICATION		
. "	First Name and Middle Initial	
DEBT COLLECTION		
INFORMATION	Tax Identification Number (if registration is for business) Social Security Number (if registration is fi	
Mandatory pursuant to Debt Collection Improvements Act	Address Line 1 (street address)	Provide SSN or TIN See note ≢3 on bottom of page 2
IMPORTANT	Address Line 2	kanan Prananchanan Manan Akanan Akkanan kanan dikanan kanan dikan dari dari dari dari dari dari dari dari
Leave this section blank unless the registration information on	City Sta	ite Zip Code
front page is incorrect,		
	Business Phone Number Business Fax Mumber	
		•
SECTION 6	Make check payable to: Drug Enforcement Administration Crieck See page 4 of instructions for important information.	
METHOD OF PAYMENT	Check See page 4 of instructions for important information.	Mail this form with payment to:
Check one form of	American Express Discover Master Card Visa	wan and form that payment to.
payment only	Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administration
		P.O. Box 105616
Sign if paying by		Atlanta, GA 30348-5616
credit card	Signature of Card Holder	FEE IS NON-REFUNDABLE
	Printed Name of Card Holder	
SECTION 7	Check this box if the applicant is a federal, state, or local government operated hospital, in Sales was being the page and address of the everything the page and address fines 1 and 2 in Sales was the page 2 in Sales was the page 2 in Sales was the page 3 in Sales was	nstitution or official.
CERTIFICATION OF EXEMPTION	current registration certificate.	teach s, a real not backey on your
from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of and is exempt from payment of the application fee.	perated hospital, institution or official,
Provide the name and		
phone number of the certifying official	Signature of certifying official (other than applicant) D	ate
	Print or type name and title of certifying official	lephone No. (required for verification)
SECTION 8 APPLICANT'S	I certify that the foregoing information furnished on this application is true and correct	•
SIGNATURE Sign in ink	Signature of applicant	Date
	Print or type name and title of applicant	
	WARNING: Section 643(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of	
valid OMB control nur the time for reviewing 3. The Debt Collection is This number is require 4. PRIVACY ACT INFOR		erage 12 minutes per response, including reviewing the collection of information. at Security Number on this application.
AUTHORITY PURPOSE: ROUTINE U	taxpayer identifying number and/or social security number). To obtain information required to register applicants sursuant to the Controlled Substances Act of 16 SES: The Controlled Substances Act Registration Records produces special reports as required for statistic information from this system are made to the following categories of users for the purposes stated:	70. ical analytical purposes. Disclosures of
EFFECT:	A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purpo B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purp C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying Failure to completé form will preclude processing of the application.	005E5.
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Drug Enforcement Administration Practitioner's Manual

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ORUG SCHEDULES	Listed below are examples of the schedules with assig or contact the DEA office serving your area.	ned drug code n	numbers: If you are in need of additional information, see 21 C	FR 1308
•	SCHEDULE I		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
	HASIC CLASSES	CODE	Buprenorphine	9084
	Acetorphine	9319	Codeine up to 90 mg/du plus other ingredients	9319
	Acetylmetradol	9601	Dihydrocodeineup to 90 mg/du plus other ingredients	9807
	Altylprodina	9602	Ethylmorphine up to 15 mg/du plus other ingredients	9808
	Alphacety/methadol (except LAAM)	9803	Hydrocodone up to 15 mg/du plus other ingredients	9800
	Bufotenine	7433	Morphine up to 50 mg/100ml or gm plus other ingred.	9810
	Dextromoramide	9613 7434	Opium up to 500 mg/100m, plus other active ingred.	9899
	Diethyltryptamine (DET) 2,5 - Dimethoxyamphetamine (DMA)	7396	NON-NARCOTIC BASIC CLASSES	CODE
	Dimethyltryptamine (DMT)	7435	MONTHANCOTTO BADIO GENERAL	0000
	Etorphine (except hydrochloride salt)	9056	Anabolio Steroids	4000
	ganusa-Hydroxybutyric acid (except drug product)	2010	Benzphetamine	1228
	Heroin	9200	Butalbital	2100
	bogaine	7260	Dronabinol Pharmaceutical Product	7369
	Ketobernidone	9626 7345	GHB Drug Product (gamma-Hydroxybutyric soid)	2010
	Lysergic acid diethytamide (LSD) Marihuana	7315 7380	Ketamine Methyorylos	7285 2575
	Mescaline	7361	Pentobarbital plus noncontrolled active ingredients	2271
	Methaqualone	2585	Pentobarbital suppository	2271
	3.4 - Methylenedioxyamphetamine (MDA)	7400	Phendimetrazine	1815
	3.4 - Methylenedioxymethamphetamine (MDMA)	7405	Secobarbital plus noncontrolled active ingredients	2318
	n- Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455	Secobarbital suppository	2316
	Peyote	7415	Thiopental	2329
	1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7458 7 4 37	Vinbarbital	2335
	Psilocybin	7438		
	Psiłocyn T≘trahydrocannabinois (THC)	7370	SCHEDULE IV	
	1-[1-(2-Thienyi)-cyclohexyl[-pipendine	7470	NARCOTIC BASIC CLASSES	CODE
	SCHEDULE II		Dextropropoxyphene du Difenoxin 1mgi25ug atropine SO4/du	9278 9167
	NARCOTIC BASIG CLASSES	CODE	NON-NARCOTIC BASIC CLASSES	CODE
	Alphaprodine	9010	Almandam	2882
•	Antiendine	9020	Alprzolam Barbital	2145
	Cocaine	9841	Chloral Hydrate	2405
	Codeine	9050	Chlordiazepoxide	2744
	Dextropropoxyphene (bulk) Diphenoxylate	9273 9170	Clorazepate	2788
	Diprenorphine (M50-50)	9058	Diazepara	2765
	Ethylmorphine	9190	Diethylpropion	1610
	Etorphine Hydrocritoride (M-99)	9059	Fenkuramine	1670 2767
	Glutethimide	2550	Flurazepam Halazepam	2762
	Hydrocodone	9193	Lorazepam	2885
	Hydramorphone	9150	Mazindol	1605
	Levo-alphacety/methadol (LAAM) Levorphanol	9848 9220	Mebutamate	2800
	Levorphanoi Meperidine	9230	Mephobarbital (Methylonenobarbital)	2250
	Methadone	925D	Meprobamate	2820
	Morphine	9300	Methohexital	2284
	Opkum, powdered	9839	Midazolam	2884 2835
	Opium, raw	9600	Oxazepam Paraldehyde	2585 2585
	Oxycodone	9143	Paradenyde Pemolins	1530
	Oxymorphone	9652 9671	Pentazocine	9709
	Poppy Straw Poppy Straw Concentrate	967D	Phenobarbital	2285
	Thebaine	9333	Phentermine .	1640
			Prazepam	2784
	NON-MARCOTIC BASIC CLASSES	CODE	Quazepam Temazepam	2881 2925
	Amobarbital	2125	Triazolam	2597 2783
	Amphelamine	1100	Zolpidem	∠/83
	Methamphetamine	1105		
	Methylphenidate	1724		
	Pentobarbital	2270 7471	SCHEDULE V	
	Phencyclidine (PCP)	7471 1631		COD
	Phenmetrazine	8501		CODE
	Phenylacetone			

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

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.

Inautificient 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 wheir your checks normally appear. For example, it may appear under color will drawals or other transactions. You will not receive your original check back from your financial institution. For security reasons, we did destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Nour 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.

RENEW AL INST - Page 4

Form-363 APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	APFROVED OMB NO 1117-0015 FORM DEA-363 (11-05) Previous editions are obsolets		
INSTRUCTIONS 1. To apply by mail complete link application. Keep a copy for your records. 2. Print clearly, using black or blue link, or use a typewriter. 3. Section 1 should be completed only if your information has changed. 4. Moll link form to the address provided in Section 8 or use entitled envelope. 5. Include the correct payment amount. FEELIS NON-REFUNDABLE. 6. If you have any quastions context 200-282-539 prior is submitting your application. 7. Save time - apply online at www.deadlversion.usdoj.gov.	REGISTRATION INFORMATION:		
(APORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	· · · · · · · · · · · · · · · · · · ·		
	Fee for 1 year is \$130		
	FEE IS NON-REFUNDABLE		
SECTION 1 APPLICANT IDENTIFICATION			
Business or Facility Name (if registration is for business entity or is fee exempt)			
Business or Facility Name 2 , "doing business as", continuation of business name, or name of fee e	xempt Institution)		
Address Line 1 (street address)			
Address Line 2	tara ali anna di si ina di anna di anna di anna di anna di anna di anna di anna di anna di anna di		
AOUTESS LINE 2			
	State ZIp Code		
Business Phone Number Business Fax Number			
Sandaminen Terminentaria Sendarakan Sendarak			
DEBT COLLECTION Tax Identification Number			
Mandatory cursuant to Debt Collection to the Col	See note #3 on bottom of page 2.		
accionz	mpounder / Maintenance		
Check one bur only	mpounder / Detailfication		
L. NTP - Maintenance and Detoxification L. NTP - Con	mpounder / Maintenance and Deloxidication		
SECTION 3 Schedule # Schedule #	e'01		
Check all that apply Check this box if you require official order forms - for purchase or transfer of schedule it controlled substances.			
SECTION 4 Are you currently authorized by the Food and Drug Administration for the business	ss activity described in this application?		
FDA PERMIT YES PENDING NO Mandalory for approval	FDA Number		
SECTION 5 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) YES, I have a Scense	State License Number		
NOT REQUIRED by this state	Franchiscophing description that the section of the		

SECTION 6	Has the applicant ever been convicted of a crime in connection with controlled substances ut	ider state or federal lew?	YES NO	
LIABIUTY	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, rectificial, or denied?			
IMPORTANT: All questions in this section must	Has the applicant ever surrendered (for cause) or had a state professional license or controlled revoked, suspended, denied, restricted, or placed on probation? Is any such action pending	d substance registration ?		
THE PROPOSITIONS	111041			
EXPLANATION OF "YES" ANSWERS	Dale(s) of Incident: Location(s) of Incident:			
Applicants who have answered "YES" to any of the four question above must provide a statement to explain such answers	Nature of incident			
Use this space or attact a suparate sheet and return with application	n Result of incident	-		
SECTION 7 CERTIFICATION OF EXEMPTION from application foe	Check this box if the applicant is a federal, state, or local government-operated narcotic tre Be sure to enter name and address of the exampt institution in Section 1. The understyned hereby certifies that the applicant named hereon is a federal, state or local government 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 tran applicant) Det	rite		
	Print or type name and title of certifying official Tèle	phone No. (required for vertic	alion)	
SECTION 8 METHOD OF PAYMENT	Check: Make check payable bx. Drug Enforcement Administration See page 3 of instructions for important information.	Mail this form with p	aument to:	
Check one form of payment only	Credit Card Number Expiration Date Expiration Date	U.S. Department of Drug Enforcement Ac P.O. Box 280	of Justice Iministration 183	
Sign I' paying by credit card	Signature of Card Holder	Washington DC 20		
	Printed Name of Card Holder			
SECTION 0	i certify that the foregoing information furnished on this application is true and correct.	. 		
APPLICANTS SIGNATURE Sign in Ink	Signature of applicant	Date		
	Print or type name and title of applicant. WARNING: Section 643(a)(4)(A) of Title 21, United States Code states that any person who knowingly or infraudulent information in the application is subject to imprisonment for not more than four years, a time of not	entionally furnishes false or more than \$30,000, or both.		
1. No registration will be issued unless a completed application from has been received (21 CFR 1301.13). 2. In accordance with the Paperwork Reduction Act of 1008, no person its required to respond to a collection of Information unless tildaplays a valid CMB control number. The valid CMB control number of this collection is interpreted to reverse the time for reviewing historicitions, searching existing detailing data sources, gathering and methating the data needed, and completing and reviewing the collection information. 3. The Deta Collection improvements Act of 1006 (P. 104-134) requires this you transh your Taxopyer Identifying Number and/or Social Security Number on this application. This number is required for data celection procedures should your to be become uncellectable. 4. PRIVACY ACT INFORMATION AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1070 (PL 91-513) and Beth Collection improvements Act of 1098 (PL 104-134) (for taxopare Identifying number and/or social security number). FURFICISE: ROUTINE USES: To obtain information required to register applicants by reduces special reports as required for statistical analytical purposes. Disdosures of information from this system are made to the Notwertig categories of users for the purposes stated: A Other factor all observed under the Controlled Substances Act of 199 (purposes). B. State and local law entercement and regulationy agencies for we entercement and regulation process. B. State and local law entercement and regulation for its experience of variety purposes. C. Persons registered under the Controlled Substances Act of 199 (pl 1-1513) for the purpose of varietying the registration of customars. EFFECT: Falure to complete form will predude processing of the application. FIRM - Person Persons and Controlled Substances Act of 199 (pl 1-1513) for the purpose of varietying the registration of customars.				

Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information
ADDITIONAL INSTRUCTIONS	SECTION 1, APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors.
*	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 must enter a valid tax identification number (TIN). Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.
	SECTION 2. BUSINESS ACTIVITY. Indicate only one.
	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.
	Check the order form box only if you intend to purchase or to transfer schedule it controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.
	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.
	SECTION 5, STATE LICENSE(S) - Federal registration by DEA is based upon the applicant is 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 6. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing
	If you answered "Yes" to any queetion, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.
	SECTION 7, 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 8, METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Admi ristration". Third-party checks or checks drawn on foreign banks will not be accepted.
	FEES ARE NON-REFUNDABLE.
	SECTION 9. APPLICANT'S SIGNATURE - Must be the original eignature (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.

MEW INST-Page 3

Form-363

APPLICATION FOR REGISTRATION

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 North Carolina South Carolina

(888) 869-9935 (888) 219-8689 (866) 533-6983 (888) 219-7898

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

(617) 557-2200 (886) 272-5174 (617) 557-2468 (888) 272-5174 (617) 557-2200 (888) 272-5174 Connecticut Maine : Massachusetts New Hampshire Rhode Island

Vermont 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

(312) 353-1234 (312) 353-1236 (312) 353-9166 (312) 353-9166 Illnois Indiana Minnesola North Dakota Wisconsin

DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dallas, TX 75220

Oklahoma (888) 338-4704 Texas (Northern) (888) 336-4704

DENVER DIVISION OFFICE 115 Inverness Drive, East Englewood, CO 80112

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

DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226

Michigan Ohio

(800) 230-6844 (800) 230-6844 (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 (889) 415-9822 Nevada (889) 415-9822 Trust Territory (213) 894-2216

MIAMI DIVISION OFFICE 8400 N.W. 53rd Street Miami, FL 33166

(305) 590-4880

NEWARK DIVISION OFFICE 80 Mulberry Street, 2nd Floor Newark, NJ 07102

(888) 356-1071

NEW ORLEANS DIVISION OFFICE 3836 N. Causeway Blvd Lakeway III, Suite 1800 Metairie, LA 70002

Alabema Arkanses (888) 514-8051 (888) 514-7302 (888) 514-7302 Louisiana Mississippi

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 Willam J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19108

Delaware Pennsylvania (888) 393-8231 (888) 393-9231

PHOENIX DIVISION OFFICE 3010 N, 2nd Street, Suite 301 Phoenix, AZ 85012

Arizona.

(800) 741-0902

SAN DIEGO DIVISION OFFICE 4560 Viewrldge Avenue San Diego, CA 92123-1637

California (Southern (800) 284-1152

SAN FRANCISCO DIVISION OFFICE 459 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

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

ST LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103

(888) 803-1179 (888) 803-1179 (888) 803-1179 Karsas Missouri (888) 803-1179 (888) 803-1179 South Dakota

WASHINGTON, D.C. DIVISION OFFICE 800 K Street, N.W., Suite 500 Weshington, D.C. 20001

(877) 801-7974 (877) 330-6670 (877) 801-7974 District of Columbia Maryland Virginia West Virginia (877) 330-8670

NEW INST - Page 4

Form-363a		ICATION FOR REGISTRATION Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05) Previous editions are obsolete
INSTRUCTIONS	 Print clearly, using black or Section 1 should be compled. India this form to the address. Include the correct payment. If you have any questions or 	his application. Keep a copy for your records. blue ink, or use a typewriter. sled only if your information has changed. s provided in Section 7 or use enclosed envelope, at amount. FEE IS NON-REFUNDABLE, contact 800-882-9839 prior to submitting your application. at www.deadiversion.usdoj.gov.	REGISTRATION INFORMATION : DEA # REGISTRATION EXPIRES
	IMPORTANT: DO NOT SENE	THIS APPLICATION AND APPLY ONLINE.	
		* * * * * * * * * * * * * * * * * * * *	
	•		
			FEE IS NON-REFUNDABLE
	LICANT . ITIFICATION		
Queinoce or Eacility	. Name (if registration is for h	usiness entity or is fee exempt)	
Dualitesa Of 1 activity	, realize (in Egistration is not b	usiness entity or is tee exempty	
<u> </u>			
Business or Facility	/ Name 2 ("doing business as	s", continuation of business name, or name of fee e	xempt institution)
Address Line 1 (str	eel address)		
Address Line 2			
Address Line 2			
			<u> </u>
City State Zip Code			
Business Phone Number - Business Fax Number			
DEBT COLLECT ON INFORMATION		Tax Identification Number	-
Mandatory pursuant to Debt Collection Improvements Act	· · · · · · · · · · · · · · · · · · ·		See note #3 on bottom of page 2.
SECTION 2 DRUG SCHEDULES	Schedule II	Schedule III	•
Check all that apply	Check this box if you re	quire official order forms - for purchase or transfer of s	chedule II controlled substances.
SECTION 3	Are you currently authorized I	by the Food and Drug Administration for the busine	ss activity described in this application?
ENA PERMIT	res pending no		- Control of the Cont
Mandatory for approval	In the same		FDA Number
SECTION 4 Are	you currently authorized to p schedules for which you are	vrescribe, distribute, dispense, conduct research, or applying under the laws of the state or jurisdiction i	otherwise handle the controlled substances in in which you are operating or propose to operate?
STATE LICENSE(S)	YES, I have a license		State
	NOT REQUIRED by this st	ate .	License Number
	-	DENEWAI - Page 1	

	· · · · · · · · · · · · · · · · · · ·	
SECTION 5		YES NO
	1. Has the applicant ever been convicted of a crime in connection with controlled substances under	Fraid Duil4
	Has the applicant ever surrendered (for cause) or had a federal controlled substance registration restricted, or denied?	· Sept North
All questions in this section must	3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled surrevoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	
De WIZAGS ATT	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a controlled substances under state or federal law, or ever surrendered, for cause, or had a federal registration revoked, suspended, restricted, denied, or ever had a state professional license or corregistration revoked, suspended, denied, restricted or placed on probation?	public), association, rime in connection with Car- controlled substance
EXPLANATION OF "YES" ANSWERS	Date(s) of incident: Location(s) of incident:	
AppSoants who have answered "YES" to any of the four question 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	Check this box if the applicant is a federal, state, or local government-operated narcotic treatm. Be sure to enter name and address of the exempt institution in Section 1.	ent program.
OF EXEMPTION from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local government program, and is exempt from payment of the application fee.	mment-operated narcotic
Provide the name and phone number of the pertifying official	Signature of certifying official (other than applicant) Date	
	Print or type name and title of certifying official Telepho	ONE NO. (required for verification)
SECTION 7 METHOD OF PAYMENT	Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.	Mail this form with payment to:
Check one form of payment only	American Express Discover Master Card Visa	U.S. Department of Justice
,	Credit Card Number Expiration Date	Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083
Sign if paying by credit card	Signature of Card Holder	FEE IS NON-REFUNDABLE
	Printed Name of Card Holder	
SECTION 8) certify that the foregoing information furnished on this application is true and correct.	······································
APPLICANT'S SIGNATURE	Signature of applicant Date	e
Sign in ink	Data - Are - speed and title of sentrants.	
-	Print or type name and title of applicant WARNING: Section 843(a)(4)(A) of Trite 21, United States Code states that any person who knowingly or intentification in formation in the application is subject to imprisonment for not more than four years, a time of not more	onally furnishes faise or re than \$30,000, or both
 in accordance with the valid OMB control out the time for reviewing The Debt Collection I 	6: Section 392 and 393 of the Controlled Substances Act of 1970 (Pt. 91-513) and Debt Collection Reprove	rewing the collection of information, recurity Number on this application.
PURPOSE: ROUTINE U	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 taw enforcement and regulatory purposes. B. State and local law enforcement and requisiony acceptes for law enforcement and requisitory purpose.	analytical purposes, Disclosures of i. es.
EFFECT:	C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the Failure to complete form will preclude processing of the application. DENEMBAL - Page 2	registration of customers.

Form-363a	PPLICATION FOR RENEWAL upplementary Instructions and Information	
ADDITIONAL INSTRUCTIONS	ECTION 1. APPLICANT IDENTIFICATION - Entry of missing data or corrections ON in the blocks provided to help reduce data entry errors. Enter changes in registration information, such as name change, address correction, or ne	LY must be typed or printed or printed or previously provided with phone numbers.
	Fee exempt applicant should list the name and address of the fee exemp	ot institution.
	A physical address is required; a post office box may be included after the	ie street address.
	Applicant should ensure that the tax identification number (TIN) on recording the collection information is mandatory pursuant to the Debt Collection 11996.	d is correct. ection Improvement Act
	ECTION 2. DRUG SCHEDULES - Applicant should check all drug schedules to be applicants must still comply with state requirements; federal registration restrictions.	nandled. However, does not overrule state
	Check the order form box only if you intend to purchase or to transfer so substances. Order forms will be mailed to the registered address following of Registration renewal.	nedule II controlled ng issuance of a Certificate
	ECTION 3. FDA PERMIT - Authorization by the Food & Drug Administration is mand approval. Enter the status of your FDA authorization and the FDA numb	atory for DEA Registration er.
	ECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the app applicable state and local laws.	olicant 's compliance with
	Applicant should contact the local state licensing authority prior to compl Check that you are currently authorized by the state and provide your sta licensing is not required, indicate "Not required by this state".	eting this application. ate license number. If state
	ECTION 5. LIABILITY - Applicant must answer all four questions for the application	o be accepted for processing.
	If you answered "Yes" to any question, provide an explanation in the spa If additional space is required, you may attach a separate sheet of paper	ce provided.
	ECTION 6. CERTIFICATE OF EXEMPTION - Exemption from payment of application state or local government-operated narcotic treatment program.	n fee is limited to federal,
	The applicant's superior or agency officer must certify exempt status. The and telephone number of the certifying official (other than the applicant)	e signature, authority title, must be provided.
	ECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Mal "Drug Enforcement Administration". Third-party checks or checks drawn be accepted.	e checks payable to on foreign banks will not
	FEES ARE NON-REFUNDABLE.	
	ECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of th	e 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 North Carolina South Carolina (888) 869-9935 (888) 219-8689 (866) 533-6983 (888) 219-7898

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

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

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

Indiana Minnesota North Dakota Wisconsin

(312) 353-1234 (312) 353-1236 (312) 353-9166 (312) 353-9166 (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 Montana Utah Wyoming (800) 326-6900 (800) 326-6900 (800) 326-6900 (800) 326-6900

DETROIT DIVISION OFFICE 431 Howard Street Detroit, MI 48226

Kentucky Michigan Ohio

(800) 230-6844 (800) 230-6844 (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 Nevada Trust Territory (213) 894-2216

MIAMI DIVISION OFFICE 8400 N.W. 53rd Street Miami, FL 33166

(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 Arkansas Louisiana Mississippi

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

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

(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

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

ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103

(888) 803-1179 (888) 803-1179 (888) 803-1179 (888) 803-1179 (888) 803-1179 lowa Missouri Nebraska South Dakota

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

District of Columbia Maryland Virginia West Virginia

(877) 801-7974 (877) 330-6670 (877) 801-7974 (877) 330-6670

RENEWAL (NST - Page 4

2006 Edition Page 63

From: To: Alston, Steve M@CDCR Kernan, Scott@CDCR McAuliffe, John@CDCR

Cc: Subject:

RE: Thiopental Injection

Date:

Thursday, September 30, 2010 3:51:45 PM

Importance: High

Scott,

Here is our take on the issue:

- The attached MSA is a vendor provided agreement covering a number of services, which, based on your note below, we should not sign.
- Based on your note this appears to be a straight purchase and not a service contract. Consequently, if si is in fact the vendor of choice, we will need to see if they will accept a CDCR issued purchase order.
- If you want to pursue a non-competitive bid purchase, then a justification will need to be developed explaining why this cannot go out for bid.
- The dollar value of the purchase will dictate required approvals:
 - o Less than \$5,000 can be approved by OBS without an NCB.
 - o If the purchase is \$5-25,000 an NCB will be required, but will not require DGS review / approval.
 - o If the purchase is in excess of \$25,000 then DGS review / approval will be required.

Hope this helps!

Steve

From: Kernan, Scott@CDCR

Sent: Thursday, September 30, 2010 1:44 PM

To: Alston, Steve M@CDCR Cc: McAuliffe, John@CDCR Subject: RE: Thiopental Injection

Steve,

Thanks for your help. Needs to be addressed confidentially.

I assume the 3 year noted in the agreement is standard. Fact is we are buying enough of the drugs to last until 2014 and would not think, but not impossible, that we would need any more during the three years. So one time transaction.

I'll have to get back to you on cost. Don't know.

The contractor would facilitate the one time purchase of the drug and we would take possession

for storage at SQ. no need for them to store it.

Scott

From: Alston, Steve M@CDCR

Sent: Thursday, September 30, 2010 11:21 AM

To: Kernan, Scott@CDCR

Subject: RE: Thiopental Injection

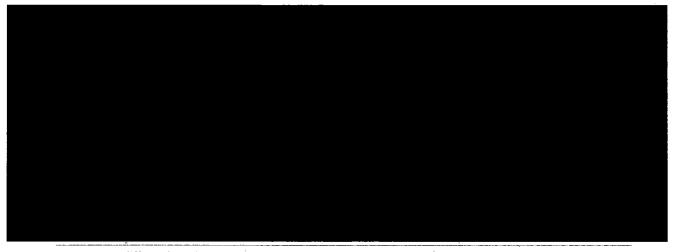
Scott,

Pulling our team together this afternoon to discuss in detail after which I will get back to you on this. A few questions for you:

- 1. Looks like a proposed three year agreement, right?
- 2. Estimated cost?
- 3. Will the proposed contractor store the inventory and ship it to CDCR on an as needed basis?

THANKS!

Steve



From: McAuliffe, John@CDCR

Sent: Thursday, September 30, 2010 9:20 AM

To: Kernan, Scott@CDCR

Subject: FW: Thiopental Injection

FYI John

From:

Sent: Thursday, September 30, 2010 9:15 AM

To: McAuliffe, John@CDCR

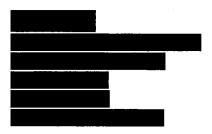
Cc:

Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.



From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]

Sent: Thursday, September 30, 2010 12:05 PM

To:

Subject: FW: Thiopental Injection

Importance: High

Thank you again here is the information and email.

John McAuliffe

From

Sent: Thursday, September 30, 2010 5:27 AM

To: McAuliffe, John@CDCR **Subject:** Thiopental Injection

Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in

I would be happy to supply you:

Thiopental Injection, powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)

The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55

Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's

£58.73

Expiry date: 11/11

If you could supply me with the following information, I can produce a proforma invoice: Invoice address

Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx, FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a goods idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment. Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks, Kind regards



From: To: Subject: Kernan, Scott@CDCR McAuliffe, John@CDCR RE: Thiopental Injection

Date:

Thursday, September 30, 2010 2:19:26 PM

When he responds please get a name and number of superior who can approve an exemption for this specific purpose. I'll call or even get Matt or somebody in Gov's office to call. Thx

_				
`	•	\sim	11	r

From: McAuliffe, John@CDCR

Sent: Thursday, September 30, 2010 1:59 PM

To: Kernan, Scott@CDCR

Subject: Re: Thiopental Injection

No, DEA tracks drugs by Dr.'s DEA #. Since we can no longer use pharmacy at SQ (which would answer your question as yes) the importer would be with final shipment into the USA identified as SQ. Dr,s can not import/export scheduled drugs unless DEA approves. That is why we asked the Dr's to to get an additional DEA # with SQ address so that we could request DEA to approve the Dr's DEA # for import to SQ thus eliminating the need for the proving our letter. Unfortunately he said all import approvals are above him?

I finally talked to DEA, who is in charge of import/export division and he acknowledged receiving our letter. Unfortunately he said all import approvals are above him?

I did say he would talk to his bosses and get back to me. That was 3 hours ago. John

From: Kernan, Scott@CDCR
To: McAuliffe, John@CDCR
Sent: Thu Sep 30 13:33:57 2010
Subject: RE: Thiopental Injection

Does this mean that we can be identified as the importer using our doc's DEA number?

From: McAuliffe, John@CDCR

Sent: Thursday, September 30, 2010 12:56 PM

To: Kernan, Scott@CDCR

Subject: FW: Thiopental Injection

Scott

Please look at and advise and I will complete.....

John

From:

Sent: Thursday, September 30, 2010 12:50 PM

To: McAuliffe, John@CDCR **Subject:** RE: Thiopental Injection

I need to know the entity that will serve as the actual importer...

- Name of entity (California Department of Corrections)
- Address of entity
- DEA Registration #

Quantity of Thiopental Sodium you will be ordering

FORM 236 will be used for this transaction. Once we have all the data, the product will be ordered and this will be submitted with the order. A summary of the different Parts of Form 236 are included below. will coordinate the shipment and importation of the drug to its warehouse for clearance. Once released by customs and FDA, will ship to you when requested. Part of 5 would be address and DEA registration.

Part "IMPORTER" means the authorized DEA registrant who receives the controlled substance;

1. "EXPORTER" means the authorized DEA registrant who ships the controlled substance.

Part Typical entries might read

Strength:

10 mg tablets

Size or

1,000 tablets/bottle

Weight (Bulk):

100 kilo/drum

Quantity:

100 bottles, 2 drums

If needed, use additional forms and distribute in the prescribed manner after the required documents are attached to each copy.

Part Self-explanatory.

3.

Part Insert name of vessel or airline and flight number, together with all intermediate carriers.

4. Furnish all information concerning the transportation of the goods known at the time of preparing form DEA-236.

Part Enter DEA registration number, if known, for "Import Declaration", or foreign registration

5. number, if applicable, for "Export Declaration".

If this form is prepared as a Controlled Substance Import Declaration, distribute as follows:

Copies 1, 2, and 3 must be forwarded to the foreign shipper. These copies will accompany the shipment to certain points.

Upon receipt of **Copies 1, 2, and 3,** the foreign shipper will present **Copy 1** to the proper foreign government agency or authority, if required, as a prerequisite to export authorization. **Copy 1** shall then accompany the shipment to its final destination and shall be retained in the files of the importer for a period of at least two years.

Copy 2 shall be detached by the customs official at the foreign port.

Copy 3 shall be removed by an official of the United States Customs and Border Protection at the port of entry, certified and signed by the customs official (after noting any discrepancies), and forwarded to the Drug Enforcement Administration, Office of Diversion Control, Import / Export (ODGI) 8701 Morrissette Drive, Springfield, VA 22152.

Copy 4 must be forwarded at least 15 days prior to importation to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit.

Copy 5 must be retained by the importer until receipt of Copy 1.

If this form is prepared as a Controlled Substance Export Declaration, distribute as follows:

Copies 1, 2, and 3 shall accompany the shipment to certain points.

Copy 1 shall remain with the shipment to its final destination.

Copy 2 shall remain with the shipment, to be detached and retained by the customs official of the foreign port of importation.

Copy 3 shall be removed by an official of the United States Customs Service at the domestic port of exportation, certified and signed by the customs official (after noting any discrepancies), and forwarded to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit (ODGI), 8701 Morrissette Drive, Springfield, VA 22152

Copy 4 shall be forwarded at least 15 days prior to exportation to the Drug Enforcement Administration, Office of Diversion Control, Import / Export Unit (ODGI), 8701 Morrissette Drive, Springfield, VA 22152. In cases where the 15 day notice cannot be given, a special waiver may be requested from the Administration.

Copy 5 shall be retained by the exporter as part of his records for a period of at least two years.



From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]

Sent: Thursday, September 30, 2010 12:05 PM

To:

Subject: FW: Thiopental Injection

Importance: High

Thank you again here is the information and email.
John McAuliffe

From:

Sent: Thursday, September 30, 2010 5:27 AM

To: McAuliffe, John@CDCR **Subject:** Thiopental Injection

Importance: High

30-09-10

Dear Mr. McAuliffe,

Thank you for your call and thank you for your interest in

I would be happy to supply you:

Thiopental Injection, powder for reconstitution, thiopental sodium, 500-mg vial packs of 25's £196.75 (pounds sterling)

The current expiry date is February 2014.

POTASSIUM CHLORIDE 1.5GM 10ML INJ. PACKS OF 10 £15.55

Expiry date: 01/13

Pancuronium Injection, pancuronium bromide 2 mg/mL, 2-mL amp packs of 10's

£58.73

Expiry date: 11/11

If you could supply me with the following information, I can produce a proforma invoice:

Invoice address

Delivery address, including contact person and contact person phone number

I will dispatch the goods to you by FedEx, FedEx delivery charges is separate item.

In order to get the product easier through US customs, I think it would be a goods idea for you to write a letter in the department letterhead, attention of US custom and let them know why you need this product. I would include this letter in your shipment.

Please also email or fax me a copy of your DEA license, to include it in your shipment.

Please let me know if you need further information.

Many thanks, Kind regards



From: Chaus, Anthony@CDCR Cullen, Vincent@CDCR; Kernan, Scott@CDCR McAuliffe, John@CDCR Cc: Subject: RE: Date: Thursday, September 30, 2010 2:08:44 PM Vince, Thank you. Tony **ANTHONY CHAUS Assistant Secretary** Office of Correctional Safety From: Cullen, Vincent@CDCR Sent: Thursday, September 30, 2010 1:35 PM To: Kernan, Scott@CDCR; Chaus, Anthony@CDCR **Cc:** McAuliffe, John@CDCR Subject: RE: Scott/Tony, I personally called the agent while he was at Florence and provided the information. His point of contact is the Team Administrator, It will be and the Team Leader, who will meet the agent at the East Gate. has multiple numbers to call. VINCENT S. CULLEN Warden (A) San Quentin State Prison From: Kernan, Scott@CDCR Sent: Thursday, September 30, 2010 1:33 PM To: Chaus, Anthony@CDCR Cc: Cullen, Vincent@CDCR; McAuliffe, John@CDCR Subject: RE: Vince,

Can you provide information to Tony on who will be at prison to receive and store drug?

Scott

From: Chaus, Anthony@CDCR

Sent: Thursday, September 30, 2010 12:58 PM

To: Kernan, Scott@CDCR

Subject: RE:

Scott,

Who will be the contact at SQ for my people to turn over the goods (probably around 2300 hrs or midnight)?

Tony	·	·		
From: Kernan, Scott@CDCR	T. W. T. W. T. W. T. T. T. T. T. T. T. T. T. T. T. T. T.			- 18000000 TONE TONE MANAGEMENT BANGARONS
Sent: Thursday, September 30, 2010) 9:49 AM			
To: Chaus, Anthony@CDCR				
Subject: RE:	-			
Thanks.				
				4
Scott				
From: Chaus, Anthony@CDCR	and the second s	•		
Sent: Thursday, September 30, 2010	9:40 AM			
To: Kernan, Scott@CDCR				4
Subject: RE:				
Scott,		•		-
My people have made the pick-up a	and are headed ba	ack now. We will ch	ange teams in	Bakersfield.
will keep you updated.			U	
Tony				
Tony				*
ANTHONY CHAUS				
Assistant Secretary				
Office of Correctional Safety			•	
From: Kernan, Scott@CDCR				
Sent: Thursday, September 30, 2010 To: McAuliffe, John@CDCR) 8:26 AM			
Cc: Chaus, Anthony@CDCR				•
Subject: FW:				*
Fyi				
		_		
Thanks Tony. John is trying to get a	hold of them no	w. Sure appreciate	your assistanc	e on this.
Scott		•		
From: Chaus, Anthony@CDCR			######################################	77.
Sent: Thursday, September 30, 2010) 8:25 AM	4.		
To: Kernan, Scott@CDCR				
Subject: RE:				

Tony

Another callback number for

Scott,

From: Kernan, Scott@CDCR Sent: Thursday, September 30, 2010 7:56 AM To: Chaus, Anthony@CDCR

if the first one doesn't work is

Cc: McAuliffe, John@CDCR

Subject: RE:

Great. As soon as we get a hold of warden I will have John contact agents with instructions. I would like confirmation when they get the drugs in hand and hit the road. Thanks.

Scott

From: Chaus, Anthony@CDCR

Sent: Thursday, September 30, 2010 7:42 AM

To: Kernan, Scott@CDCR

Subject: Re:

Scott,

They are about 15 minutes from the prison. The direct number to them is reception is not very good and e-mails don't work. It is the supervisor on site. They are ready and waiting for instructions.

Tony

From: Kernan, Scott@CDCR
To: Chaus, Anthony@CDCR
Sent: Thu Sep 30 07:05:50 2010

Subject:

Tony,

What time can your guys be at prison once we get green light? May need a phone number to talk directly so we can give them instructions on documenting chain of custody.

Scott

From: To: Kernan, Scott@CDCR
Alston, Steve M@CDCR

Cc:

McAuliffe, John@CDCR
RE: Thiopental Injection

Subject: Date:

Thursday, September 30, 2010 1:43:33 PM

Steve,

Thanks for your help. Needs to be addressed confidentially.

I assume the 3 year noted in the agreement is standard. Fact is we are buying enough of the drugs to last until 2014 and would not think, but not impossible, that we would need any more during the three years. So one time transaction.

I'll have to get back to you on cost. Don't know.

The contractor would facilitate the one time purchase of the drug and we would take possession for storage at SQ. no need for them to store it.

Scott

From: Alston, Steve M@CDCR

Sent: Thursday, September 30, 2010 11:21 AM

To: Kernan, Scott@CDCR

Subject: RE: Thiopental Injection

Scott,

Pulling our team together this afternoon to discuss in detail after which I will get back to you on this. A few questions for you:

- 1. Looks like a proposed three year agreement, right?
- 2. Estimated cost?
- 3. Will the proposed contractor store the inventory and ship it to CDCR on an as needed basis?

THANKS!

Steve





From: McAuliffe, John@CDCR

Sent: Thursday, September 30, 2010 9:20 AM

To: Kernan, Scott@CDCR

Subject: FW: Thiopental Injection

FYI John

From:

Sent: Thursday, September 30, 2010 9:15 AM

To: McAuliffe, John@CDCR

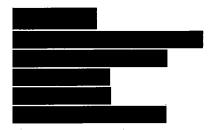
Cc:

Subject: RE: Thiopental Injection

Received.

I have attached our standard contract (MSA). A Statement of Work (SOW) will define exact work to be conducted.

Please review and redline any issues.



From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]

Sent: Thursday, September 30, 2010 12:05 PM

To:

Subject: FW: Thiopental Injection

Importance: High

Thank you again here is the information and email. John McAuliffe

From:

Sent: Thursday, September 30, 2010 5:27 AM