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.csat.samhsa.gov, or 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.

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

A 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.

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.

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.

* **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.

** Where authorized by state controlled substances authority.

APPENDIX D

Internet Resources

DEA's Diversion Control Program Website
www.DEAdiversion.usdoj.gov

DEA Homepage
www.dea.gov

U.S. Government Printing Office
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

Federation of State Medical Boards
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.

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

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

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

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

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

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

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

FORM DEA-41 (9-01) Previous edition dated 6-86 is usable. *See instructions on reverse (page 2) of form.*

DEA-41 (6/1986) Pg. 2

NAME OF DRUG OR PREPARATION Registrants will fill in Columns 1,2,3, and 4 ONLY.	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Content, (Each Unit)	FOR DEA USE ONLY		
				DISPOSITION	QUANTITY	
					GMS.	MGS.
1	2	3	4	5	6	7
17						
18						
19						
20						
21						
22						
23						
24						

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

DATE _____ DESTROYED BY: _____

** *Strike out lines not applicable.*

WITNESSED BY: _____

INSTRUCTIONS

1. List the name of the drug in column 1, the number of containers in column 2, the size of each container in column 3, and in column 4 the controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pkgs., 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pkg., 83 tabs., 1/2 gr. (32mg.), etc.

2. All packages included on a single line should be identical in name, content and controlled substance strength.

3. Prepare this form in quadruplicate. Mail two (2) copies of this form to the Special Agent in Charge, under separate cover. Enclose one additional copy in the shipment with the drugs. Retain one copy for your records. One copy will be returned to you as a receipt. No further receipt will be furnished to you unless specifically requested. Any further inquiries concerning these drugs should be addressed to the DEA District Office which serves your area.

4. There is no provision for payment for drugs surrendered. This is merely a service rendered to registrants enabling them to clear their stocks and records of unwanted items.

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

PRIVACY ACT INFORMATION

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

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

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

Federal Regulations require registrants to submit a detailed report of any theft or loss of Controlled Substances to the Drug Enforcement Administration.

Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report.

OMB APPROVAL No. 1117-0001

1. Name and Address of Registrant (include ZIP Code)

ZIP CODE

2. Phone No. (Include Area Code)

3. DEA Registration Number
2 ltr. prefix | 7 digit suffix

4. Date of Theft or Loss

5. Principal Business of Registrant (Check one)
1 ☐ Pharmacy
2 ☐ Practitioner
3 ☐ Manufacturer
4 ☐ Hospital/Clinic
5 ☐ Distributor
6 ☐ Methadone Program
7 ☐ Other (Specify)

6. County in which Registrant is located

7. Was Theft reported to Police?
☐ Yes ☐ No

8. Name and Telephone Number of Police Department (Include Area Code)

9. Number of Thefts or Losses Registrant has experienced in the past 24 months

10. Type of Theft or Loss (Check one and complete items below as appropriate)
1 ☐ Night break-in
2 ☐ Armed robbery
3 ☐ Employee pilferage
4 ☐ Customer theft
5 ☐ Other (Explain)
6 ☐ Lost in transit (Complete Item 14)

11. If Armed Robbery, was anyone:
Killed? ☐ No ☐ Yes (How many) _____
Injured? ☐ No ☐ Yes (How many) _____

12. Purchase value to registrant of Controlled Substances taken?
$

13. Were any pharmaceuticals or merchandise taken?
☐ No ☐ Yes (Est. Value)
$

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

D. Was the carton received by the customer?
☐ Yes ☐ No

E. If received, did it appear to be tampered with?
☐ Yes ☐ No

F. Have you experienced losses in transit from this same carrier in the past?
☐ No ☐ Yes (How Many) _____

15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?

16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.

17. What security measures have been taken to prevent future thefts or losses?

PRIVACY ACT INFORMATION

AUTHORITY: Section 301 of the Controlled Substances Act of 1970 (PL 91-513).
PURPOSE: Report theft or loss of Controlled Substances.
ROUTINE USES: The Controlled Substances Act authorizes the production of special reports required for statistical and analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:
A. Other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
EFFECT: Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.

In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a ly valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response , including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM DEA - 106 (11-00) *Previous editions obsolete*

CONTINUE ON REVERSE

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

LIST OF CONTROLLED SUBSTANCES LOST

Trade Name of Substance or Preparation	Name of Controlled Substance in Preparation	Dosage Strength and Form	Quantity
Examples: Doxoxyn	Methamphetamine Hydrochloride	5 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Vial	5 x 30 ml
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pints
1.			
2.			
3.			
4.			
5.			
6.			
7.			
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10.			
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43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			

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

Signature _____ Title _____ Date _____

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

See Reverse of PURCHASER'S Copy of Instructions	No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).	OMB APPROVAL No. 1117-0010

T : *(Name of Supplier)*	STREET ADDRESS
CIT and STATE	DATE

TO BE FILLED IN BY SUPPLIER
SUPP IERS DEA REGISTRATI N No.

TO BE FILLED IN BY PURCHASER

I N E No.	No. of Packages	Si e of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

◀ **LAST LINE COMPLETED** *(MUST BE 10 OR LESS)*

SIGNATURE R PURCHASER
R ATT RNE R AGENT

Date Issued	DEA Registration No.	Name and Address of Registrant
Schedules		
Registered as a	No. of this rder Form	

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.

Form-224

APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

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

INSTRUCTIONS

1. To apply by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Mail this form to the address provided in Section 7 or use enclosed envelope.
4. Include the correct payment amount. FEE IS NON-REFUNDABLE.
5. If you have any questions call 800-882-9539 prior to submitting your application.
6. Save time - apply online at www.deadiversion.usdoj.gov.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :

$390.00

FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

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

First Name (If registration is for individual) Middle Initial

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

Address Line 1 (street address)

Address Line 2

City State Zip Code

Business Phone Number Business Fax Number

DEBT COLLECTION INFORMATION
Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (If registration is for business)

Social Security Number (If registration is for individual)

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

SECTION 2 BUSINESS ACTIVITY
Check one box only
See page 3 for additional instructions

- ☐ Hospital/Clinic
- ☐ Ambulance Service
- ☐ Practitioner (DDS, DMD, DO, DPM, DVM, MD or PHD)
- ☐ Nursing Home
- ☐ Animal Shelter
- ☐ Practitioner Military (DDS, DMD, DO, DPM, DVM,MD or PHD)
- ☐ Central Fill Pharmacy
- ☐ Teaching Institution
- ☐ Mid-level Practitioner (MLP) (DCM, HMD, MP, ND, NP, OD, PA, or RPH)
- ☐ Retail Pharmacy
- ☐ Automated Dispensing System
- ☐ Euthanasia Technician

PROFESSIONAL DEGREE
Practitioners and MLPs : Enter your professional degree from list

FOR Automated Dispensing System (ADS) ONLY:
DEA Registration # of Retail Pharmacy for this ADS

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

SECTION 3 DRUG SCHEDULES
Check all that apply

- ☐ Schedule II Narcotic
- ☐ Schedule II Non-Narcotic
- ☐ Schedule III Narcotic
- ☐ Schedule III Non-Narcotic
- ☐ Schedule IV
- ☐ Schedule V
- ☐ Check this box if you require official order forms for purchase of schedule II narcotic/schedule II non-narcotic controlled substances

NEW - Page 1

SECTION 4

STATE LICENSE(S)

Be sure to include both state license numbers if applicable

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?

	YES	PENDING	NO	
	☐	☐	☐	State License Number
	☐	☐	☐	State Controlled Substance License Number (if required)

SECTION 5

LIABILITY

IMPORTANT

All questions in this section must be answered.

	YES	NO
1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law?	☐	☐
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	☐	☐
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	☐	☐
4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?	☐	☐

EXPLANATION OF "YES" ANSWERS

Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers

Use this space or attach a separate sheet and return with application

Date(s) of Incident: _____ Location(s) of Incident: _____

Nature of Incident:

Result of Incident:

SECTION 6

CERTIFICATION OF EXEMPTION from application fee

☐ Check this box if the applicant is a federal, state, or local government operated hospital, institution or official.
Be sure to enter the name and address of the exempt institution in Section 1.

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated hospital, institution or official, and is exempt from payment of the application fee.

Provide the name and phone number of the certifying official

Signature of certifying official (other than applicant) — Date

Print or type name and title of certifying official — Telephone No. (required for verification)

SECTION 7

METHOD OF PAYMENT

Check one form of payment only

☐ 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 ___ - ___

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

U.S. Department of Justice
Drug Enforcement Administration
P.O. Box 28083
Washington, DC 20038-8083

FEE IS NON-REFUNDABLE

SECTION 8

APPLICANT'S SIGNATURE

Sign in Ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant — Date

Print or type name and title of applicant

WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than $30,000, or both.

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.
4. PRIVACY ACT INFORMATION

AUTHORITY:	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).
PURPOSE:	To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.
ROUTINE USES:	The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.
EFFECT:	Failure to complete form will preclude processing of the application.

NEW - Page 2

Form-224	**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 applications must list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity.
Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioners also enter one degree from this list: DDS, DMD, DO, DPM, DVM, MD or PHD. Mid-level practitioners also enter one degree from these choices: DOM, HMD, MP, ND, NP, OD, PA, or RPH.

ADS must provide current DEA registration number of parent retail pharmacy and attach a notarized affidavit (21 CFR Part 1301.17). Affidavit must include 1) Name of parent retail pharmacy and complete address 2) Name of Long-term Care (LTC) facility and complete address 3) Permit or license number(s) and date issued of State certification to operate ADS at named LTC facility 4) Required Statement: *This affidavit is submitted to obtain a DEA registration number. If any material information is false, the Administrator may commence proceedings to deny the application under section 304 of the Act (21 U.S.C. 824(a)). Any false or fraudulent material information contained in this affidavit may subject the person signing this affidavit, and the named corporation/partnership/business to prosecution under section 403 of the Act (21 U.S.C 843).* 5) Name of corporation operating the retail pharmacy 6) Name and title of corporate officer signing affidavit 7) Signature of authorized officer

SECTION 3. DRUG SCHEDULES - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "No".

SECTION 5. LIABILITY - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.

SECTION 6. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and officials. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.

SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.

SECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.

CONTACT INFORMATION

1. INTERNET

www.deadiversion.usdoj.gov

2. TELEPHONE

Headquarters Call Center
(800) 882-9539

3. WRITTEN INQUIRIES

DEA
P.O. Box 28083
Washington DC 20038-8083

4. DEA OFFICES

DEA Offices are listed (800, 877, and 888 are toll-free numbers)

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

Georgia	(888) 882-9035
North Carolina	(800) 210-6859
South Carolina	(888) 533-6063
Tennessee	(800) 210-7026

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

Connecticut	(617) 557-2200
Maine	(800) 272-5174
Massachusetts	(617) 557-2466
New Hampshire	(800) 272-5174
Rhode Island	(617) 557-2200
Vermont	(800) 272-5174

CARIBBEAN DIVISION OFFICE
P.O. Box 2167
San Juan, PR 00922-2167

Puerto Rico	(787) 775-1796
U.S. Virgin Islands	(787) 775-1796

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

Illinois	(312) 353-1234
Indiana	(312) 353-1239
Minnesota	(312) 353-9188
North Dakota	(312) 353-9188
Wisconsin	(312) 353-1239

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

Oklahoma	(800) 338-4704
Texas (Northern)	(800) 338-4704

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

Colorado	(800) 338-6900
Montana	(800) 338-6900
Utah	(800) 338-6900
Wyoming	(800) 338-6900

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

EL PASO DIVISION OFFICE
El Paso Federal Justice Center
660 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	(800) 415-9522
Nevada	(800) 415-9522
Trust Territory	(213) 894-2216

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

Florida	(305) 360-4600

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

New Jersey	(800) 336-1071

NEW ORLEANS DIVISION OFFICE
3838 N. Causeway Blvd
Lakeway III, Suite 1800
Metairie, LA 70002

Alabama	(888) 514-5051
Arkansas	(888) 514-7302
Louisiana	(888) 514-7302
Mississippi	(888) 514-7302

NEW YORK DIVISION OFFICE
99 Tenth Avenue
New York, NY 10011

New York	(877) 883-5769 (212) 337-1593 (212) 337-1594

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

Delaware	(888) 393-0231
Pennsylvania	(888) 393-0231

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

Arizona	(800) 741-0002

SAN DIEGO DIVISION OFFICE
4560 Viewridge Avenue
San Diego, CA 92123-1687

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)	(800) 304-3251

SEATTLE DIVISION OFFICE
400 Second Avenue, West
Seattle, WA 98119

Alaska	(800) 210-4261
Idaho	(800) 210-4261
Oregon	(800) 210-4261
Washington	(800) 210-1410

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

Iowa	(800) 803-1179
Kansas	(800) 803-1179
Missouri	(800) 803-1179
Nebraska	(800) 803-1179
South Dakota	(800) 803-1179

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

District of Columbia	(877) 801-7074
Maryland	(877) 330-9870
Virginia	(877) 801-7074
West Virginia	(877) 330-9870

NEW INST - Page 3

DRUG SCHEDULES

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

SCHEDULE I

NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE
Acetorphine	9319
Acetylmethadol	9601
Allylprodine	9602
Alphacetylmethadol (except LAAM)	9603
Butolamine	7433
Desomoramide	9613
Diethyltryptamine (DET)	7434
2,5 - Dimethoxyamphetamine (DMA)	7396
Dimethyltryptamine (DMT)	7435
Etorphine (except hydrochloride salt)	9056
gamma-Hydroxybutyric acid (except drug product)	2010
Heroin	9200
Ibogaine	7260
Ketobemidone	9628
Lysergic acid diethylamide (LSD)	7315
Marihuana	7360
Mescaline	7381
Methaqualone	2565
3,4 - Methylenedioxyamphetamine (MDA)	7400
3,4 - Methylenedioxymethamphetamine (MDMA)	7405
a - Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455
Peyote	7415
1 - (1-Phenylcyclohexyl)-pyrrolidine (PCP)	7458
Psilocybin	7437
Psilocyn	7438
Tetrahydrocannabinols (THC)	7370
1-[1-(2-Thienyl)-cyclohexyl]-piperidine	7470

SCHEDULE II

NARCOTIC BASIC CLASSES	CODE
Alphaprodine	9010
Anileridine	9020
Cocaine	9041
Codeine	9050
Dextropropoxyphene (bulk)	9273
Diphenoxylate	9170
Diprenorphine (M50-50)	9058
Ethylmorphine	9190
Etorphine Hydrochloride (M-99)	9059
Glutethimide	2550
Hydrocodone	9193
Hydromorphone	9150
Levo-alphacetylmethadol (LAAM)	9648
Levorphanol	9220
Meperidine	9230
Methadone	9250
Morphine	9300
Opium, powdered	9639
Opium, raw	9600
Oxycodone	9143
Oxymorphone	9652
Poppy Straw	9650
Poppy Straw Concentrate	9670
Thebaine	9333

NON-NARCOTIC BASIC CLASSES	CODE
Amobarbital	2125
Amphetamine	1100
Methamphetamine	1105
Methylphenidate	1724
Pentobarbital	2270
Phencyclidine (PCP)	7471
Phencyclidine	7471
Phenmetrazine	1631
Phenylacetone	8501
Secobarbital	2315

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Buprenorphine	9064
Codeine up to 90 mg/du plus other ingredients	9120
Dihydrocodeine up to 90 mg/du plus other ingredients	9807
Ethylmorphine up to 15 mg/du plus other ingredients	9808
Hydrocodone up to 15 mg/du plus other ingredients	9806
Morphine up to 90 mg/100ml or gm plus other ingred.	9810
Opium up to 500 mg/100ml plus other active ingred.	9805

NON-NARCOTIC BASIC CLASSES	CODE
Anabolic Steroids	4000
Benzphetamine	1228
Butalbital	2100
Dronabinol Pharmaceutical Product	7369
GHB Drug Product (gamma-Hydroxybutyric acid)	2010
Ketamine	7285
Methyprylon	2575
Pentobarbital plus noncontrolled active ingredients	2271
Pentobarbital suppository	2271
Phendimetrazine	1615
Secobarbital plus noncontrolled active ingredients	2316
Secobarbital suppository	2316
Thiopental	2329
Vinbarbital	2330

SCHEDULE IV

NARCOTIC BASIC CLASSES	CODE
Dextropropoxyphene du	9278
Difenoxin 1mg/25ug atropine SO4/du	9167

NON-NARCOTIC BASIC CLASSES	CODE
Alprazolam	2882
Barbital	2145
Chloral Hydrate	2465
Chlordiazepoxide	2744
Clonazepam	2737
Clorazepate	2768
Diazepam	2765
Diethylpropion	1610
Fenfluramine	1670
Flurazepam	2767
Halazepam	2763
Lorazepam	2885
Mazindol	1605
Mebutamate	2800
Mephobarbital (Methylphenobarbital)	2128
Meprobamate	2820
Methohexital	2264
Midazolam	2884
Oxazepam	2835
Paraldehyde	2585
Pemoline	1530
Pentazocine	9709
Phenobarbital	2285
Phentermine	1640
Prazepam	2764
Quazepam	2881
Temazepam	2925
Triazolam	2887
Zolpidem	2783

SCHEDULE V

	CODE
Codeine Cough Preparation (200mg/100ml or 100g)	9108

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.

NEW INST - 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.
6. If you have any questions call 800-882-9539 prior to submitting your application.
7. Save time - renew online at www.deadiversion.usdoj.gov.

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 Narcotic
- ☐ Schedule III Non-Narcotic
- ☐ Schedule IV
- ☐ Schedule V

SECTION 2

☐ Check this box if you need official order forms - for the purchase of schedule II narcotic/schedule II non-narcotic controlled substances.

SECTION 3

STATE LICENSE(S)

Be sure to include both state license numbers if applicable

A. Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

YES	NO	
☐	☐	State License Number
☐	☐	State Controlled Substance License Number (if required)

LIABILITY

IMPORTANT:
If you answered yes to these question(s) on previous application, you must continue to answer yes and provide a statement of explanation.

All questions in this section must be answered.

	YES	NO
B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?	☐	☐
C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	☐	☐
D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	☐	☐
E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?	☐	☐

SECTION 4

EXPLANATION OF "YES" ANSWERS

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

Date(s) of incident: _____ Location(s) of incident: _____

Nature of incident:

Result of incident:

RENEWAL - Page 1

SECTION 5
CHANGES TO APPLICANT IDENTIFICATION

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

First Name and Middle Initial

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (if registration is for business) Social Security Number (if registration is for individual)

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

Address Line 1 (street address)

IMPORTANT

Leave this section blank unless the registration information on front page is incorrect.

Address Line 2

City State Zip Code

Business Phone Number Business Fax Number

SECTION 6
METHOD OF PAYMENT

Check one form of payment only

☐ 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

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

U.S. Department of Justice
Drug Enforcement Administration
P.O. Box 105616
Atlanta, GA 30348-5616

FEE IS NON-REFUNDABLE

SECTION 7
CERTIFICATION OF EXEMPTION from application fee

☐ Check this box if the applicant is a federal, state, or local government operated hospital, institution or official.
Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Section 5, if it is not already on your current registration certificate.

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government operated hospital, institution or official, and is exempt from payment of the application fee.

Provide the name and phone number of the certifying official

Signature of certifying official (other than applicant) Date

Print or type name and title of certifying official Telephone No. (required for verification)

SECTION 8
APPLICANT'S SIGNATURE

Sign in ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant Date

Print or type name and title of applicant

WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than $30,000, or both.

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.
4. PRIVACY ACT INFORMATION

AUTHORITY:	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).
PURPOSE:	To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.
ROUTINE USES:	The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.
EFFECT:	Failure to complete form will preclude processing of the application.

RENEWAL - Page 2

Form-224a **APPLICATION FOR RENEWAL**
Supplementary Instructions and Information

ADDITIONAL INSTRUCTIONS

SECTION 1. DRUG SCHEDULES - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances.

SECTION 2. ORDER FORMS - Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

SECTION 3. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance number, provide that number on this application. If a state license has not yet been issued, indicate "Pending". If state licensing authority is not required, indicate "No".

SECTION 4. LIABILITY - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.

SECTION 5. APPLICANT IDENTIFICATION - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers. Fee exempt individuals should list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Individuals renewing should ensure that the social security number (SSN) on record is correct. If renewing a business entity, a valid tax identification number (TIN) must be supplied. ***Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.***

SECTION 6. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.

SECTION 7. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government operated hospitals, institutions and officials. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.

SECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.

CONTACT INFORMATION

1. INTERNET: 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, D.C. 20038-8083
4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers).

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

Georgia	(888) 869-9935
North Carolina	(888) 219-8859
South Carolina	(866) 533-6983
Tennessee	(888) 219-7898

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

Connecticut	(617) 557-2200
Maine	(888) 272-5174
Massachusetts	(617) 557-2488
New Hampshire	(888) 272-5174
Rhode Island	(617) 557-2200
Vermont	(888) 272-5174

CARIBBEAN DIVISION OFFICE
P.O. Box 2167
San Juan, PR 00922-2167

Puerto Rico	(787) 775-1786
U.S. Virgin Islands	(787) 775-1786

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

Illinois	(312) 353-1234
Indiana	(312) 353-1236
Minnesota	(312) 353-9186
North Dakota	(312) 353-9186
Wisconsin	(312) 353-1236

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

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

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

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

EL PASO DIVISION OFFICE
El Paso Federal Justice Center
660 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 77027-9508

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

LOS ANGELES DIVISION OFFICE
255 East Temple Street, 20th Floor
Los Angeles, CA 90012

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

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

Florida	(305) 590-4980

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

New Jersey	(888) 356-1071

NEW ORLEANS DIVISION OFFICE
3838 N. Causeway Blvd
Lakeway III, Suite 1800
Metairie, LA 70002

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

NEW YORK DIVISION OFFICE
99 Tenth Avenue
New York, NY 10011

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

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

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

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

Arizona	(800) 741-0802

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

California (Southern)	(800) 284-1152

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

California (Northern)	(888) 304-3251

SEATTLE DIVISION OFFICE
400 Second Avenue, West
Seattle, WA 98119

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

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

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

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

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

RENEWAL INST - Page 3

DRUG SCHEDULES

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

SCHEDULE I

NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE
Acetorphine	9319
Acetylmethadol	9601
Allylprodine	9602
Alphacetylmethadol (except LAAM)	9603
Bufotenine	7433
Dextromoramide	9613
Diethyltryptamine (DET)	7434
2,5 - Dimethoxyamphetamine (DMA)	7396
Dimethyltryptamine (DMT)	7435
Etorphine (except hydrochloride salt)	9056
gamma-Hydroxybutyric acid (except drug product)	2010
Heroin	9200
Ibogaine	7260
Ketobemidone	9628
Lysergic acid diethylamide (LSD)	7315
Marihuana	7360
Mescaline	7381
Methaqualone	2565
3,4 - Methylenedioxyamphetamine (MDA)	7400
3,4 - Methylenedioxymethamphetamine (MDMA)	7405
n- Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455
Peyote	7415
1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7458
Psilocybin	7437
Psilocyn	7438
Tetrahydrocannabinols (THC)	7370
1-[1-(2-Thienyl)-cyclohexyl]-piperidine	7470

SCHEDULE II

NARCOTIC BASIC CLASSES	CODE
Alphaprodine	9010
Anileridine	9020
Cocaine	9041
Codeine	9050
Dextropropoxyphene (bulk)	9273
Diphenoxylate	9170
Diprenorphine (M50-50)	9058
Ethylmorphine	9190
Etorphine Hydrochloride (M-99)	9059
Glutethimide	2550
Hydrocodone	9193
Hydromorphone	9150
Levo-alphacetylmethadol (LAAM)	9648
Levorphanol	9220
Meperidine	9230
Methadone	9250
Morphine	9300
Opium, powdered	9639
Opium, raw	9600
Oxycodone	9143
Oxymorphone	9652
Poppy Straw	9650
Poppy Straw Concentrate	9670
Thebaine	9333

NON-NARCOTIC BASIC CLASSES	CODE
Amobarbital	2125
Amphetamine	1100
Methamphetamine	1105
Methylphenidate	1724
Pentobarbital	2270
Phencyclidine (PCP)	7471
Phenmetrazine	1631
Phenylacetone	8501
Secobarbital	2315

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Buprenorphine	9064
Codeine up to 90 mg/du plus other ingredients	9319
Dihydrocodeineup to 90 mg/du plus other ingredients	9807
Ethylmorphine up to 15 mg/du plus other ingredients	9608
Hydrocodone up to 15 mg/du plus other ingredients	9806
Morphine up to 50 mg/100ml or gm plus other ingred.	9810
Opium up to 500 mg/100m. plus other active ingred.	9809

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

SCHEDULE IV

NARCOTIC BASIC CLASSES	CODE
Dextropropoxyphene du	9278
Difenoxin 1mg/25ug atropine SO4/du	9167

NON-NARCOTIC BASIC CLASSES	CODE
Alprazolam	2882
Barbital	2145
Chloral Hydrate	2465
Chlordiazepoxide	2744
Clorazepate	2768
Diazepam	2765
Diethylpropion	1610
Fenfluramine	1670
Flurazepam	2767
Halazepam	2762
Lorazepam	2885
Mazindol	1605
Mebutamate	2800
Mephobarbital (Methylphenobarbital)	2250
Meprobamate	2820
Methohexital	2264
Midazolam	2884
Oxazepam	2835
Paraldehyde	2585
Pemoline	1530
Pentazocine	9709
Phenobarbital	2285
Phentermine	1640
Prazepam	2764
Quazepam	2881
Temazepam	2925
Triazolam	2887
Zolpidem	2783

SCHEDULE V

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

Notice to Registrants Making Payment by Check

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

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

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

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

RENEW AL INST - Page 4

Form-363

APPLICATION FOR REGISTRATION
Under the Narcotic Addict Treatment Act of 1974

APPROVED OMB NO 1117-0015
FORM DEA-363 (11-05)
Previous editions are obsolete

INSTRUCTIONS

1. To apply by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Section 1 should be completed only if your information has changed.
4. Mail this form to the address provided in Section II or use enclosed envelope.
5. Include the correct payment amount. FEE IS NON-REFUNDABLE.
6. If you have any questions contact 800-882-9539 prior to submitting your application.
7. Save time - apply online at www.deadiversion.usdoj.gov.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :

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 exempt institution)

Address Line 1 (street address)

Address Line 2

City | State | Zip Code

Business Phone Number | Business Fax Number

DEBT COLLECTION INFORMATION
Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

See note #3 on bottom of page 2.

SECTION 2 BUSINESS ACTIVITY
Check one box only

- ☐ NTP - Maintenance
- ☐ NTP - Detoxification
- ☐ NTP - Maintenance and Detoxification
- ☐ NTP - Compounder / Maintenance
- ☐ NTP - Compounder / Detoxification
- ☐ NTP - Compounder / Maintenance and Detoxification

SECTION 3 DRUG SCHEDULES
Check all that apply

- ☐ Schedule II
- ☐ Schedule III
- ☐ Check this box if you require official order forms - for purchase or transfer of schedule II controlled substances.

SECTION 4 FDA PERMIT
Mandatory for approval

Are you currently authorized by the Food and Drug Administration for the business activity described in this application?

YES ☐ PENDING ☐ NO ☐

FDA Number

SECTION 5 STATE LICENSE(S)

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?

- ☐ YES, I have a license
- ☐ NOT REQUIRED by this state

State License Number

NEW - Page 1

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

EXPLANATION OF "YES" ANSWERS

Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers

Use this space or attach a separate sheet and return with application

Date(s) of Incident: _____ Location(s) of Incident: _____

Nature of Incident:

Result of Incident:

SECTION 7 CERTIFICATION OF EXEMPTION from application fee

☐ Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program.
Be sure to enter name and address of the exempt institution in Section 1.

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated narcotic treatment program, and is exempt from payment of the application fee.

Provide the name and phone number of the certifying official

Signature of certifying official (other than applicant) _____ Date _____

Print or type name and title of certifying official _____ Telephone No. (required for verification) _____

SECTION 8 METHOD OF PAYMENT

Check one form of payment only

☐ Check Make check payable to: Drug Enforcement Administration
See page 3 of instructions for important information.

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number _____ Expiration Date ☐☐ - ☐☐

Sign if paying by credit card

Signature of Card Holder _____

Printed Name of Card Holder _____

Mail this form with payment to:

U.S. Department of Justice
Drug Enforcement Administration
P.O. Box 28083
Washington DC 20038-8083

FEE IS NON-REFUNDABLE

SECTION 9 APPLICANT'S SIGNATURE

Sign in ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant _____ Date _____

Print or type name and title of applicant

WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than $30,000, or both.

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0015. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.
4. PRIVACY ACT INFORMATION

AUTHORITY:	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).
PURPOSE:	To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.
ROUTINE USES:	The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.
EFFECT:	Failure to complete form will preclude processing of the application.

NEW - Page 2

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 II 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 's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state". SECTION 6. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a seperate 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 Administration". 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 signature (in ink) of the applicant.

Notice to Registrants Making Payment by Check

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

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

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

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

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

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

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

CARIBBEAN DIVISION OFFICE
P.O. Box 2167
San Juan, PR 00922-2167

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

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

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

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

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

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

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

EL PASO DIVISION OFFICE
El Paso Federal Justice Center
600 South Mesa Hills Drive, Suite 2000
El Paso, TX 79912

New Mexico	(915) 832-6014

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

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

LOS ANGELES DIVISION OFFICE
255 East Temple Street, 20th Floor
Los Angeles, CA 90012

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

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

Florida	(305) 590-4880

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

New Jersey	(888) 356-1071

NEW ORLEANS DIVISION OFFICE
3838 N. Causeway Blvd
Lakeway III, Suite 1800
Metairie, LA 70002

Alabama	(888) 514-8061
Arkansas	(888) 514-7302
Louisiana	(888) 514-7302
Mississippi	(888) 514-7302

NEW YORK DIVISION OFFICE
99 Tenth Avenue
New York, NY 10011

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

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

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

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

Arizona	(800) 741-0902

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

California (Southern	(800) 284-1152

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

California (Northern)	(888) 304-3251

SEATTLE DIVISION OFFICE
400 Second Avenue, West
Seattle, WA 98119

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

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

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

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

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

NEW INST - Page 4

Form-363a

RENEWAL APPLICATION FOR REGISTRATION
Under the Narcotic Addict Treatment Act of 1974

APPROVED OMB NO 1117-0015
FORM DEA-363a (11-05)
Previous editions are obsolete

INSTRUCTIONS

1. To apply by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Section 1 should be completed only if your information has changed.
4. Mail this form to the address provided in Section 7 or use enclosed envelope.
5. Include the correct payment amount. FEE IS NON-REFUNDABLE.
6. If you have any questions contact 800-882-9539 prior to submitting your application.
7. Save time - renew online at www.deadiversion.usdoj.gov.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :
DEA #
REGISTRATION EXPIRES

FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Business or Facility Name (if registration is for business entity or is fee exempt)

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

Address Line 1 (street address)

Address Line 2

City | State | Zip Code

Business Phone Number | Business Fax Number

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

See note #3 on bottom of page 2.

SECTION 2 DRUG SCHEDULES

Check all that apply

☐ Schedule II ☐ Schedule III

☐ Check this box if you require official order forms - for purchase or transfer of schedule II controlled substances.

SECTION 3 FDA PERMIT

Mandatory for approval

Are you currently authorized by the Food and Drug Administration for the business activity described in this application?

YES ☐ PENDING ☐ NO ☐

FDA Number

SECTION 4

Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?

STATE LICENSE(S)

☐ YES, I have a license — State License Number

☐ NOT REQUIRED by this state

RENEWAL - Page 1

SECTION 5
LIABILITY
IMPORTANT: All questions in this section must be answered.

	YES	NO
1. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?	☐	☐
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?	☐	☐
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	☐	☐
4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?	☐	☐

EXPLANATION OF "YES" ANSWERS
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers
Use this space or attach a separate sheet and return with application

Date(s) of incident: _____ Location(s) of incident: _____

Nature of incident:

Result of incident:

SECTION 6
CERTIFICATION OF EXEMPTION from application fee

☐ Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program.
Be sure to enter name and address of the exempt institution in Section 1.

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government-operated narcotic treatment program, and is exempt from payment of the application fee.

Provide the name and phone number of the certifying official

Signature of certifying official (other than applicant) _____ Date _____

Print or type name and title of certifying official _____ Telephone No. (required for verification) _____

SECTION 7
METHOD OF PAYMENT
Check one form of payment only

☐ Check Make check payable to: **Drug Enforcement Administration**
See page 3 of instructions for important information.

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number _____ Expiration Date _____ - _____

Sign if paying by credit card

Signature of Card Holder _____

Printed Name of Card Holder _____

Mail this form with payment to:

U.S. Department of Justice
Drug Enforcement Administration
P.O. Box 28083
Washington DC 20038-8083

FEE IS NON-REFUNDABLE

SECTION 8
APPLICANT'S SIGNATURE
Sign in ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant _____ Date _____

Print or type name and title of applicant _____

WARNING: Section 842(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than $30,000, or both.

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0015. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable.
4. PRIVACY ACT INFORMATION

AUTHORITY:	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1996 (PL 104-134) (for taxpayer identifying number and/or social security number).
PURPOSE:	To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.
ROUTINE USES:	The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated: A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes. B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.
EFFECT:	Failure to complete form will preclude processing of the application.

RENEWAL - Page 2

Form-363a	**APPLICATION FOR RENEWAL** Supplementary Instructions and Information
ADDITIONAL INSTRUCTIONS	SECTION 1. APPLICANT IDENTIFICATION - Entry of missing data or corrections ONLY must be typed or printed in the blocks provided to help reduce data entry errors. Enter changes in previously provided registration information, such as name change, address correction, or new phone numbers. Fee exempt applicant should list the name and address of the fee exempt institution. A physical address is required; a post office box may be included after the street address. Applicant should ensure that the tax identification number (TIN) on record is correct. ***Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.*** SECTION 2. DRUG SCHEDULES - Applicant should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration renewal. SECTION 3. FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number. SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant 's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state". SECTION 5. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper. SECTION 6. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narcotic treatment program. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE. SECTION 8. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.

Notice to Registrants Making Payment by Check

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

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

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

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

RENEWAL INST - Page 3

Form-363a **APPLICATION FOR RENEWAL**
Supplementary Instructions and Information

CONTACT INFORMATION

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

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

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

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

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

CARIBBEAN DIVISION OFFICE
P.O. Box 2167
San Juan, PR 00922-2167

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

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

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

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

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

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

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

EL PASO DIVISION OFFICE
El Paso Federal Justice Center
600 South Mesa Hills Drive, Suite 2000
El Paso, TX 79912

New Mexico	(915) 832-6014

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

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

LOS ANGELES DIVISION OFFICE
255 East Temple Street, 20th Floor
Los Angeles, CA 90012

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

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

Florida	(305) 590-4880

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

New Jersey	(888) 356-1071

NEW ORLEANS DIVISION OFFICE
3838 N. Causeway Blvd
Lakeway III, Suite 1800
Metairie, LA 70002

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

NEW YORK DIVISION OFFICE
99 Tenth Avenue
New York, NY 10011

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

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

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

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

Arizona	(800) 741-0902

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

California (Southern	(800) 284-1152

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

California (Northern)	(888) 304-3251

SEATTLE DIVISION OFFICE
400 Second Avenue, West
Seattle, WA 98119

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

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

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

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

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

RENEWAL INST - Page 4

From: Alston, Steve M@CDCR
To: Kernan, Scott@CDCR
Cc: McAuliffe, John@CDCR
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 [redacted] 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:
    - Less than $5,000 can be approved by OBS without an NCB.
    - If the purchase is $5-25,000 an NCB will be required, but will not require DGS review / approval.
    - 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

[redacted]

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 9:20 AM
To: Kernan, Scott@CDCR
Subject: FW: Thiopental Injection

FYI
John

From: [redacted]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDCR
Cc: [redacted]
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.

[redacted]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [redacted]
Subject: FW: Thiopental Injection
Importance: High

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

From: [redacted]
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 [redacted]
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

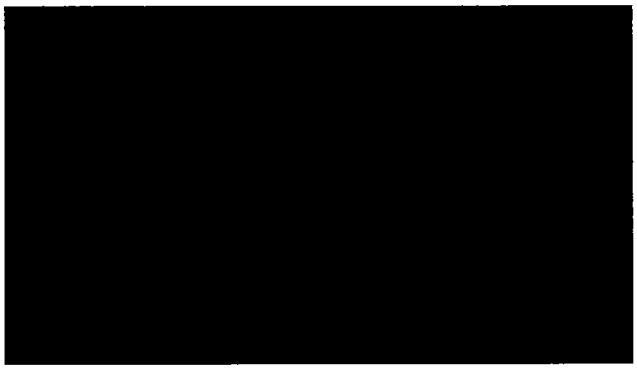
If you could supply me with the following information, I can produce a proforma invoice:
Invoice address
Delivery address, including contact person and contact person phone number

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: Kernan, Scott@CDCR
To: McAuliffe, John@CDCR
Subject: 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

Scott

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 [redacted] 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 [redacted] I finally talked to DEA, [redacted] who is in charge of import/export division and he acknowledged receiving our letter. Unfortunately he said all import approvals are above him? ([redacted] is approving authority). [redacted] 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: [redacted]
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. [redacted] will coordinate the shipment and importation of the drug to its warehouse for clearance. Once released by customs and FDA, [redacted] will ship to you when requested. Part of 5 would be [redacted] address and DEA registration.

Part 1. "IMPORTER" means the authorized DEA registrant who receives the controlled substance; "EXPORTER" means the authorized DEA registrant who ships the controlled substance.

Part 2. 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 3. Self-explanatory.

Part 4. Insert name of vessel or airline and flight number, together with all intermediate carriers. Furnish all information concerning the transportation of the goods known at the time of preparing form DEA-236.

Part 5. Enter DEA registration number, if known, for "Import Declaration", or foreign registration 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.

[redacted]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [redacted]
Subject: FW: Thiopental Injection
Importance: High

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

From: [redacted]
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 [redacted]
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

[redacted]

From: Chaus, Anthony@CDCR
To: Cullen, Vincent@CDCR; Kernan, Scott@CDCR
Cc: McAuliffe, John@CDCR
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, [redacted] It will be [redacted] and the Team Leader, [redacted] who will meet the agent at the East Gate. [redacted] has multiple numbers to call.

VINCENT S. CULLEN
Warden (A)
San Quentin State Prison
[redacted]

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
Sent: Thursday, September 30, 2010 9:49 AM
To: Chaus, Anthony@CDCR
Subject: RE:

Thanks.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 9:40 AM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,
My people have made the pick-up and are headed back now. We will change teams in Bakersfield. I will keep you updated.
Tony

ANTHONY CHAUS
Assistant Secretary
Office of Correctional Safety

From: Kernan, Scott@CDCR
Sent: Thursday, September 30, 2010 8:26 AM
To: McAuliffe, John@CDCR
Cc: Chaus, Anthony@CDCR
Subject: FW:

Fyi

Thanks Tony. John is trying to get a hold of them now. Sure appreciate your assistance on this.

Scott

From: Chaus, Anthony@CDCR
Sent: Thursday, September 30, 2010 8:25 AM
To: Kernan, Scott@CDCR
Subject: RE:

Scott,
Another callback number for [redacted] if the first one doesn't work is [redacted]
Tony

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

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 [redacted] Telephone reception is not very good and e-mails don't work. [redacted] 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: Kernan, Scott@CDCR
To: Alston, Steve M@CDCR
Cc: McAuliffe, John@CDCR
Subject: RE: Thiopental Injection
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

[redacted]

[redacted]

From: McAuliffe, John@CDCR
Sent: Thursday, September 30, 2010 9:20 AM
To: Kernan, Scott@CDCR
Subject: FW: Thiopental Injection

FYI
John

From: [redacted]
Sent: Thursday, September 30, 2010 9:15 AM
To: McAuliffe, John@CDCR
Cc: [redacted]
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.

[redacted]

From: McAuliffe, John@CDCR [mailto:John.McAuliffe@cdcr.ca.gov]
Sent: Thursday, September 30, 2010 12:05 PM
To: [redacted]
Subject: FW: Thiopental Injection
Importance: High

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

From: [redacted]
Sent: Thursday, September 30, 2010 5:27 AM