

## 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,

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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

	<i>Schedule II</i>	<i>Schedule III &amp; IV</i>	<i>Schedule V</i>
<i>Registration</i>	Required	Required	Required
<i>Receiving Records</i>	Order Forms (DEA Form-222)	Invoices, Readily Retrievable	Invoices, Readily Retrievable
<i>Prescriptions</i>	Written Prescription (See exceptions*)	Written, Oral, or Fax	Written, Oral, Fax, or Over The Counter**
<i>Refills</i>	No	No more than 5 within 6 months	As authorized when prescription is issued
<i>Distribution Between Registrants</i>	Order Forms (DEA Form-222)	Invoices	Invoices
<i>Security</i>	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage	Locked Cabinet or Other Secure Storage
<i>Theft or Significant Loss</i>	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](http://www.DEAdiversion.usdoj.gov)

#### **DEA Homepage**

[www.dea.gov](http://www.dea.gov)

#### **U.S. Government Printing Office**

[www.gpoaccess.gov/cfr/index.html](http://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](http://www.whitehousedrugpolicy.gov)

#### **Food and Drug Administration**

[www.FDA.gov](http://www.FDA.gov)

#### **HHS & SAMHSA's National Clearinghouse for Alcohol and Drug Information**

[www.health.org](http://www.health.org)

#### **SAMHSA/CSAT**

[www.csat.samhsa.gov](http://www.csat.samhsa.gov)

#### **Federation of State Medical Boards**

[www.FSMB.org](http://www.FSMB.org)

#### **National Association of Boards of Pharmacy**

[www.nabp.net](http://www.nabp.net)

#### **National Association of State Controlled Substances Authorities**

[www.nascsa.org](http://www.nascsa.org)

## APPENDIX E

### **Drug Enforcement Administration** **Diversion Field Office Locations**

For address and telephone number updates, please see the DEA website:  
<https://www.deadiversion.usdoj.gov/contactDea/spring/fullSearch>

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:

DEA Office of Diversion Control  
Attn: Liaison and Policy Section  
8701 Morrissette Drive  
Springfield, VA 20537  
Telephone: (202) 307-7297

## **APPENDIX H – DEA FORMS**

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

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

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OMB Approval No. 1117-0007	U. S. Department of Justice / Drug Enforcement Administration <b>REGISTRANTS INVENTORY OF DRUGS SURRENDERED</b>	PACKAGE NO.
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The following schedule is an inventory of controlled substances which is hereby surrendered to you for proper disposition.

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

Signature of applicant or authorized agent
Registrant's DEA Number
Registrant's Telephone Number

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

NAME OF DRUG OR PREPARATION	Number of Containers	CONTENTS (Number of grams, tablets, ounces or other units per container)	Controlled Substance Cont. (Each Unit)	FOR DEA USE ONLY			
				DISPOSITION	QUANTITY		
					GMS.	MGS.	
<small>Registrants will fill in Columns 1, 2, 3, and 4 ONLY</small>	<small>1</small>	<small>2</small>	<small>3</small>	<small>4</small>	<small>5</small>	<small>6</small>	<small>7</small>
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FORM DEA-41 (9-01) Previous edition dated 6-86 is usable. See instructions on reverse (page 2) of form.

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DEA-41 (6/1986) Pg. 2

NAME OF DRUG OR PREPARATION	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.	
Registrants will fill in Columns 1, 2, 3, and 4 ONLY.	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.

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## 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.		OMB APPROVAL No. 1117-0001										
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.												
1. Name and Address of Registrant (include ZIP Code)		2. Phone No. (Include Area Code)										
		ZIP CODE <table border="1" style="margin: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>										
3. DEA Registration Number	4. Date of Theft or Loss	5. Principal Business of Registrant (Check one)										
2 ltr. prefix <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> 7 digit suffix <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>												1 <input type="checkbox"/> Pharmacy                      5 <input type="checkbox"/> Distributor 2 <input type="checkbox"/> Practitioner                    6 <input type="checkbox"/> Methadone Program 3 <input type="checkbox"/> Manufacturer                    7 <input type="checkbox"/> Other (Specify) 4 <input type="checkbox"/> Hospital/Clinic
6. County in which Registrant is located	7. Was Theft reported to Police? <input type="checkbox"/> Yes <input type="checkbox"/> No	8. Name and Telephone Number of Police Department (Include Area Code)										
9. Number of Thefts or Losses Registrant has experienced in the past 24 months	10. Type of Theft or Loss (Check one and complete items below as appropriate)											
	1 <input type="checkbox"/> Night break-in                    3 <input type="checkbox"/> Employee pilferage                    5 <input type="checkbox"/> Other (Explain) 2 <input type="checkbox"/> Armed robbery                    4 <input type="checkbox"/> Customer theft                    6 <input type="checkbox"/> Lost in transit (Complete Item 14)											
11. If Armed Robbery, was anyone: Killed? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____ Injured? <input type="checkbox"/> No <input type="checkbox"/> Yes (How many) _____		12. Purchase value to registrant of Controlled Substances taken? \$ _____										
13. Were any pharmaceuticals or merchandise taken? <input type="checkbox"/> No <input type="checkbox"/> Yes (Est. Value) \$ _____												
14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:												
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number										
D. Was the carton received by the customer? <input type="checkbox"/> Yes <input type="checkbox"/> No	E. If received, did it appear to be tampered with? <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Have you experienced losses in transit from this same carrier in the past? <input type="checkbox"/> No <input type="checkbox"/> Yes (How Many) _____										
15. What identifying marks, symbols, or price codes were on the labels of these containers that would assist in identifying the products?												
16. If Official Controlled Substance Order Forms (DEA-222) were stolen, give numbers.												
17. What security measures have been taken to prevent future thefts or losses?												

<p style="text-align: center;"><b>PRIVACY ACT INFORMATION</b></p> <p><b>AUTHORITY:</b> Section 301 of the Controlled Substances Act of 1970 (PL 91-513).  <b>PURPOSE:</b> Report theft or loss of Controlled Substances.  <b>ROUTINE USES:</b> 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.  <b>EFFECT:</b> Failure to report theft or loss of controlled substances may result in penalties under Section 402 and 403 of the Controlled Substances Act.</p>	<p>In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 1117-0001. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p>
FORM DEA - 106 (11-00) Previous editions obsolete	

CONTINUE ON REVERSE

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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
<b>Examples:</b> Desoxyn	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
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I certify that the foregoing information is correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

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

<b>See Reverse of PURCHASER'S Copy of Instructions</b>		No order form may be issued for Schedule I and II substances unless a completed application form has been received, (21 CFR 1305.04).				<b>OMB APPROVAL No. 1117-0010</b>		
TO: <i>(Name of Supplier)</i>			STREET ADDRESS					
CITY and STATE		DATE		<b>TO BE FILLED IN BY SUPPLIER</b>				
				SUPPLIERS DEA REGISTRATION No.				
<b>L I N E N o.</b>	<b>TO BE FILLED IN BY PURCHASER</b>							
	No. of Packages	Size of Package	Name of Item	National Drug Code			Packages Shipped	Date Shipped
	1							
	2							
	3							
	4							
	5							
	6							
	7							
	8							
	9							
10								
<b>LAST LINE COMPLETED (MUST BE 10 OR LESS)</b>			SIGNATURE OR PURCHASER OR ATTORNEY OR AGENT					
Date Issued		DEA Registration No.	Name and Address of Registrant					
Schedules								
Registered as a	No. of this Order Form							

DEA Form-222  
(Oct. 1992)

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

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

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Form-224	<b>APPLICATION FOR REGISTRATION</b> Under the Controlled Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224 (9-05) Previous editions are obsolete
<b>INSTRUCTIONS</b>	<ol style="list-style-type: none"> <li>1. To apply by mail complete this application. Keep a copy for your records.</li> <li>2. Print clearly, using black or blue ink, or use a typewriter.</li> <li>3. Mail this form to the address provided in Section 7 or use enclosed envelope.</li> <li>4. Include the correct payment amount. <b>FEE IS NON-REFUNDABLE.</b></li> <li>5. If you have any questions call 800-262-4538 prior to submitting your application.</li> <li>6. Save time - apply online at <a href="http://www.dea/diversion.usdoj.gov">www.dea/diversion.usdoj.gov</a></li> </ol> <p style="text-align: center; font-weight: bold; font-size: x-small;">IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.</p>	<b>REGISTRATION INFORMATION :</b>  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <div style="text-align: center; font-size: 24px; font-weight: bold; margin-bottom: 5px;">\$390.00</div> <p style="text-align: center; font-weight: bold; font-size: small;">FEE IS NON-REFUNDABLE</p>
<b>SECTION 1 APPLICANT IDENTIFICATION</b>		
Last Name (if registration is for individual) -OR- Business or Facility Name (if registration is for business entity) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
First Name (if registration is for individual) <span style="float: right; font-size: x-small;">Middle Initial</span> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
Address Line 1 (street address) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
Address Line 2 <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
City <span style="float: right; font-size: x-small;">State Zip Code</span> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
Business Phone Number <span style="margin-left: 50px;">Business Fax Number</span> <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>		
<b>DEBT COLLECTION INFORMATION</b> Mandatory pursuant to Debt Collection Improvement Act	Tax Identification Number (if registration is for business) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	Social Security Number (if registration is for individual) <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div> Provide SSN or TIN. See note #3 on bottom of page 2
<b>SECTION 2 BUSINESS ACTIVITY</b>		
Check one box only. See page 3 for additional instructions.		
<input type="checkbox"/> Hospital/Clinic	<input type="checkbox"/> Ambulance Service	<input type="checkbox"/> Practitioner (DDS, DMD, DO, DPM, DVM, MD or PHD) <span style="float: right; font-size: x-small;">PROFESSIONAL DEGREE</span>
<input type="checkbox"/> Nursing Home	<input type="checkbox"/> Animal Shelter	<input type="checkbox"/> Practitioner Military (DDS, DMD, DO, DPM, DVM, MD or PHD) <span style="float: right; font-size: x-small;">Practitioners and MLPs: Enter your professional degree from list</span>
<input type="checkbox"/> Central Fill Pharmacy	<input type="checkbox"/> Teaching Institution	<input type="checkbox"/> Mid-level Practitioner (MLP) (DCM, HMD, MP, ND, NP, OD, PA, or RPH) <span style="float: right; font-size: x-small;"><div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div></span>
<input type="checkbox"/> Retail Pharmacy	<input type="checkbox"/> Automated Dispensing System	<input type="checkbox"/> Euthanasia Technician
FCR Automated Dispensing System (ADS) ONLY:	DEA Registration # of Retail Pharmacy for this ADS <div style="border: 1px solid black; width: 100%; height: 20px; margin-top: 5px;"></div>	An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notarized affidavit.
<b>SECTION 3 DRUG SCHEDULES</b>		
Check all that apply		
<input type="checkbox"/> Schedule II Narcotic	<input type="checkbox"/> Schedule III Narcotic	<input type="checkbox"/> Schedule IV
<input type="checkbox"/> Schedule II Non-Narcotic	<input type="checkbox"/> Schedule III Non-Narcotic	<input type="checkbox"/> Schedule V
<input type="checkbox"/> Check this box if you require official order forms for purchase of schedule II narcotics/schedule II non-narcotic controlled substances		
NEW - Page 1		



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<b>SECTION 4</b>	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	PENDING	NO																				
Be sure to include both state license numbers if applicable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																				
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<b>SECTION 5</b>	1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law?																						
LIABILITY			YES NO <input type="checkbox"/> <input type="checkbox"/>																				
<b>IMPORTANT</b>	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?																						
All questions in this section must be answered.			<input type="checkbox"/> <input type="checkbox"/>																				
	3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?																						
			<input type="checkbox"/> <input type="checkbox"/>																				
	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted, denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted or placed on probation?																						
			<input type="checkbox"/> <input type="checkbox"/>																				
<b>EXPLANATION OF "YES" ANSWERS</b>	Date(s) of incident: _____ Location(s) of incident: _____																						
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers	Nature of incident: _____																						
Use this space or attach a separate sheet and return with application	Result of incident: _____																						
<b>SECTION 6</b>	<input type="checkbox"/> Check this box if the applicant is a federal, state, or local government operated hospital, institution or official. Be sure to enter the name and address of the exempt institution in Section 1.																						
CERTIFICATION OF EXEMPTION from application fee	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) _____																				
<b>SECTION 7</b>	<input type="checkbox"/> Check     Make check payable to: Drug Enforcement Administration <small>See page 4 of instructions for important information.</small>																						
METHOD OF PAYMENT	<input type="checkbox"/> American Express <input type="checkbox"/> Discover <input type="checkbox"/> Master Card <input type="checkbox"/> Visa																						
Check one form of payment only	Credit Card Number _____		Expiration Date _____ - _____																				
Sign if paying by credit card	Signature of Card Holder _____																						
	Printed Name of Card Holder _____																						
	Mail this form with payment to:  U.S. Department of Justice Drug Enforcement Administration P.O. Box 28063 Washington, DC 20038-8063  <b>FEE IS NON-REFUNDABLE</b>																						
<b>SECTION 8</b>	I certify that the foregoing information furnished on this application is true and correct.																						
APPLICANT'S SIGNATURE	Signature of applicant _____		Date _____																				
Sign in ink	Print or type name and title of applicant _____																						
	<b>WARNING:</b> Section 643(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.																						
	1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13). 2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. 3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number on this application. This number is required for debt collection procedures should your fee become uncollectable. 4. <b>PRIVACY ACT INFORMATION</b> 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 numbers). 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																						

# Drug Enforcement Administration Practitioner's Manual

Form-224	APPLICATION FOR REGISTRATION Supplementary Instructions and Information						
<b>ADDITIONAL INSTRUCTIONS</b>	<p><b>SECTION 1. APPLICANT IDENTIFICATION</b> - Information must be typed or printed in the blocks provided to help reduce data entry errors. Fee exempt applications must list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity. <i>Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.</i></p> <p><b>SECTION 2. BUSINESS ACTIVITY</b> - 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: COM, FHM, MP, ND, NP, OD, PA, or RPH.</p> <p>ADG 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 ADG at named LTC facility</p> <p>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. 822-4(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).</p> <p>5) Name of corporation operating the retail pharmacy 6) Name and title of corporate officer signing affidavit 7) Signature of authorized officer</p> <p><b>SECTION 3. DRUG SCHEDULES</b> - Applicants should check all drug schedules to be handled. However, applicants must still comply with state requirements; federal registration does not override state restrictions. Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.</p> <p><b>SECTION 4. STATE LICENSE(S)</b> - 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".</p> <p><b>SECTION 5. LIABILITY</b> - Applicants must answer all four questions for the application to be accepted for processing. If you answered "Yes" to any question, provide an explanation in the space provided. If additional space is required, you may attach a separate sheet of paper.</p> <p><b>SECTION 6. CERTIFICATE OF EXEMPTION</b> - 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.</p> <p><b>SECTION 7. METHOD OF PAYMENT</b> - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. FEES ARE NON-REFUNDABLE.</p> <p><b>SECTION 8. APPLICANT'S SIGNATURE</b> - Must be the original signature (in ink) of the applicant.</p>						
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NEW INST - Page 3							

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<b>DRUG SCHEDULES</b>		Listed below are examples of the schedules with assigned drug code numbers. If you are in need of additional information, see 21 CFR 1306 or contact the DEA office serving your area.	
<b>SCHEDULE I</b>		<b>SCHEDULE III</b>	
<b>NARCOTIC &amp; NON-NARCOTIC BASIC CLASSES</b>	<b>CODE</b>	<b>NARCOTIC BASIC CLASSES</b>	<b>CODE</b>
Acetophine	9319	Buprenorphine	9064
Acetylmethadol	9901	Codeine up to 90 mg/du plus other ingredients	9319
Allyprodine	9902	Dihydrocodeine up to 90 mg/du plus other ingredients	9007
Alpracetalmethadol (except LAAM)	9903	Ethylmorphine up to 15 mg/du plus other ingredients	9006
Buprenorphine	7433	Hydrocodone up to 15 mg/du plus other ingredients	9006
Dextromoramide	9613	Morphine up to 50 mg/100ml or gm plus other ingred.	9010
Diametryptamine (DET)	7434	Opium up to 500 mg/100m. plus other active ingred.	9000
2,5 - Dimethoxyamphetamine (DMA)	7308	<b>NON-NARCOTIC BASIC CLASSES</b>	
Dimethyltryptamine (DMT)	7435	<b>CODE</b>	
Etoprine (except hydrochloride salt)	9005	Anabolic Steroids	4000
gamma-Hydroxybutyric acid (except drug product)	2010	Benzphetamine	1228
Heroin	9200	Butalbital	2100
Ibogaine	7260	Cronabiol Pharmaceutical Product	7369
Ketocemidone	9828	GHB Drug Product (gamma-Hydroxybutyric acid)	2010
Lysergic acid diethylamide (LSD)	7315	Ketamine	7205
Marijuana	7390	Methyprylon	2373
Mescaline	7391	Pentobarbital plus noncontrolled active ingredients	2271
Methaqualone	2565	Pentobarbital suppository	2271
3,4 - Methylendioxyamphetamine (MDA)	7400	Phendimetrazine	1615
3,4 - Methylendioxyamphetamin (MDMA)	7405	Secobarbital plus noncontrolled active ingredients	2316
n- Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455	Secobarbital suppository	2316
Felycyl	7415	Thiopental	2329
1 - (1-Phenylcyclohexyl)pyrrolidine (PCP)	7458	Vinbarbital	2335
Fislocyn	7437	<b>SCHEDULE IV</b>	
Fislocyn	7435	<b>NARCOTIC BASIC CLASSES</b>	
Tetrahydrocannabinols (THC)	7370	<b>CODE</b>	
1-[1-(2-Thienyl-cyclohexyl)-piperidine	7470	Dextropropoxyphene du	9278
<b>SCHEDULE II</b>		Difenoxin 1mg/25ug atropine SO4/du	9167
<b>NARCOTIC BASIC CLASSES</b>		<b>NON-NARCOTIC BASIC CLASSES</b>	
Alfaprodine	9010	Alprazolam	2662
Aristaridine	9020	Barbital	2145
Cocaine	9041	Chloral Hydrate	2465
Codeine	9050	Chloralacetamide	2744
Dextropropoxyphene (bulk)	2277	Clorazepate	2768
Difenoxylate	9170	Clazepam	2765
Diprionophine (M50-50)	9058	Diethylpropion	1610
Ethylmorphine	9190	Fenfluramine	1670
Etorphine Hydrochloride (M-60)	9059	Furazepam	2767
Glutethimide	2550	Halazepam	2762
Hydrocodone	9193	Lorazepam	2605
Hydromorphone	9150	Mazindol	1605
Lavo-alfacetalmethadol (LAAM)	9848	Mebutamate	2600
Lorphanol	9220	Mephobarbital (Methylphenobarbital)	2350
Meprobidine	9230	Meprobamate	2650
Methadone	9250	Methohexital	2264
Morphine	9300	Midazolam	2604
Opium, powdered	9535	Oxazepam	2635
Opium, raw	9500	Paraldehyde	2505
Oxycodone	9143	Pemoline	1530
Oxymorphone	9652	Pentacocaine	9700
Poppy Straw	9871	Phenobarbital	2205
Poppy Straw Concentrate	9870	Phenethazine	1640
Thebaine	9333	Pracapam	2764
<b>NON-NARCOTIC BASIC CLASSES</b>		Quazepam	2661
Amobarbital	2125	Temazepam	2923
Amphetamine	1100	Triazolam	2667
Methamphetamine	1105	Zolpidem	2703
Methylphenidate	1724	<b>SCHEDULE V</b>	
Pentobarbital	2270	<b>CODE</b>	
Phencyclidine (PCP)	7471	Codeine Cough Preparation (200mg/100ml or 100g)	
Phenmetrazine	1631	9100	
Phenylacetone	9501		
Secobarbital	2315		

**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

# Drug Enforcement Administration Practitioner's Manual

Form-224a	<b>RENEWAL APPLICATION FOR REGISTRATION</b> Under the Controlled Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224a (1-05)															
<b>INSTRUCTIONS</b>	<ol style="list-style-type: none"> <li>1. To renew by mail complete this application. Keep a copy for your records.</li> <li>2. Print clearly, using black or blue ink, or use a typewriter.</li> <li>3. Section 5 should be completed only if your information has changed.</li> <li>4. Mail this form to the address provided in Section 6 or use enclosed envelope.</li> <li>5. Include the correct payment amount. FEE IS NON-REFUNDABLE.</li> <li>6. If you have any questions call 800-882-9539 prior to submitting your application.</li> <li>7. Save time - renew online at <a href="http://www.dea diversion.usdoj.gov">www.dea diversion.usdoj.gov</a>.</li> </ol> <p style="margin-top: 10px;">IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE</p>	<b>REGISTRATION INFORMATION :</b> DEA # _____ REGISTRATION EXPIRES _____  FEE IS NON-REFUNDABLE															
<b>SECTION 1</b>	<table style="width: 100%; border: none;"> <tr> <td style="border: none;"><input type="checkbox"/> Schedule II Narcotic</td> <td style="border: none;"><input type="checkbox"/> Schedule III Narcotic</td> <td style="border: none;"><input type="checkbox"/> Schedule IV</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Schedule II Non-Narcotic</td> <td style="border: none;"><input type="checkbox"/> Schedule III Non-Narcotic</td> <td style="border: none;"><input type="checkbox"/> Schedule V</td> </tr> </table> <p style="margin-top: 5px; font-size: small;">Check all that apply</p>		<input type="checkbox"/> Schedule II Narcotic	<input type="checkbox"/> Schedule III Narcotic	<input type="checkbox"/> Schedule IV	<input type="checkbox"/> Schedule II Non-Narcotic	<input type="checkbox"/> Schedule III Non-Narcotic	<input type="checkbox"/> Schedule V									
<input type="checkbox"/> Schedule II Narcotic	<input type="checkbox"/> Schedule III Narcotic	<input type="checkbox"/> Schedule IV															
<input type="checkbox"/> Schedule II Non-Narcotic	<input type="checkbox"/> Schedule III Non-Narcotic	<input type="checkbox"/> Schedule V															
<b>SECTION 2</b>	<input type="checkbox"/> Check this box if you need official order forms - for the purchase of schedule II narcotic/schedule II non-narcotic controlled substances																
<b>SECTION 3</b>	<p style="margin: 0;">A. Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate?</p> <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border: none;">STATE LICENSE(S)</th> <th style="text-align: center; border: none;">YES</th> <th style="text-align: center; border: none;">NO</th> <th style="border: none;"></th> <th style="border: none;"></th> </tr> </thead> <tbody> <tr> <td style="border: none; vertical-align: top;">                             Be sure to include both state license numbers if applicable                         </td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> <tr> <td style="border: none;"></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="text-align: center; border: none;"><input type="checkbox"/></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> <td style="border: 1px solid black; width: 40px; height: 20px;"></td> </tr> </tbody> </table>		STATE LICENSE(S)	YES	NO			Be sure to include both state license numbers if applicable	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>		
STATE LICENSE(S)	YES	NO															
Be sure to include both state license numbers if applicable	<input type="checkbox"/>	<input type="checkbox"/>															
	<input type="checkbox"/>	<input type="checkbox"/>															
<b>LIABILITY</b>	<p style="margin: 0;">B. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law?</p> <p style="margin: 0;">C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied?</p> <p style="margin: 0;">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?</p> <p style="margin: 0;">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?</p>																
<b>SECTION 4</b>	<p style="margin: 0;"><b>EXPLANATION OF "YES" ANSWERS</b></p> <p style="margin: 0; font-size: x-small;">Date(s) of incident: _____ Location(s) of incident: _____</p> <p style="margin: 0; font-size: x-small;">Nature of incident: _____</p> <p style="margin: 0; font-size: x-small;">Result of incident: _____</p> <p style="margin: 10px 0 0 0; font-size: x-small;">Applicants who have answered "YES" to questions B, C, D, or E above must provide a statement to explain such answers</p> <p style="margin: 0 0 0 0; font-size: x-small;">Use this space or attach a separate sheet and return with application</p>																

# Drug Enforcement Administration Practitioner's Manual

<p><b>SECTION 5</b> CHANGES TO APPLICANT IDENTIFICATION</p>	<p>Last Name (if registration is for individual) -OR- Business Name (if registration is for business)  <input style="width: 100%; height: 15px;" type="text"/></p> <p>First Name and Middle Initial  <input style="width: 100%; height: 15px;" type="text"/></p> <p>DEBT COLLECTION INFORMATION  Mandatory pursuant to Debt Collection Improvements Act</p> <p>Tax Identification Number (if registration is for business)    Social Security Number (if registration is for individual)  <input style="width: 150px; height: 15px;" type="text"/>    <input style="width: 150px; height: 15px;" type="text"/>    <small>Provide SSN or TIN. See note #3 on bottom of page 2</small></p> <p>Address Line 1 (street address)  <input style="width: 100%; height: 15px;" type="text"/></p> <p>IMPORTANT  Leave this section blank unless the registration information on front page is incorrect.</p> <p>Address Line 2  <input style="width: 100%; height: 15px;" type="text"/></p> <p>City    State    Zip Code  <input style="width: 40%; height: 15px;" type="text"/>    <input style="width: 10%; height: 15px;" type="text"/>    <input style="width: 30%; height: 15px;" type="text"/></p> <p>Business Phone Number    Business Fax Number  <input style="width: 150px; height: 15px;" type="text"/>    <input style="width: 150px; height: 15px;" type="text"/></p>	
<p><b>SECTION 6</b> METHOD OF PAYMENT</p> <p>Check one form of payment only</p> <p>Sign if paying by credit card</p>	<p><input type="checkbox"/> Check    Make check payable to: Drug Enforcement Administration  <small>See page 4 of instructions for important information.</small></p> <p><input type="checkbox"/> American Express    <input type="checkbox"/> Discover    <input type="checkbox"/> Master Card    <input type="checkbox"/> Visa</p> <p>Credit Card Number    Expiration Date  <input style="width: 150px; height: 15px;" type="text"/>    <input style="width: 50px; height: 15px;" type="text"/> - <input style="width: 50px; height: 15px;" type="text"/></p> <p>Signature of Card Holder _____  Printed Name of Card Holder _____</p>	<p><i>Mail this form with payment to:</i></p> <p>U.S. Department of Justice  Drug Enforcement Administration  P.O. Box 105616  Atlanta, GA 30348-5616</p> <p><b>FEE IS NON-REFUNDABLE</b></p>
<p><b>SECTION 7</b> CERTIFICATION OF EXEMPTION from application fee</p> <p>Provide the name and phone number of the certifying official</p>	<p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government operated hospital, institution or official.  Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Section 5, if it is not already on your current registration certificate.</p> <p>The undersigned hereby certifies that the applicant named hereon is a federal, state or local government operated hospital, institution or official, and is exempt from payment of the application fee.</p> <p>Signature of certifying official (other than applicant) _____    Date _____  Print or type name and title of certifying official _____    Telephone No. (required for verification) _____</p>	
<p><b>SECTION 8</b> APPLICANT'S SIGNATURE</p> <p>Sign in ink</p>	<p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>Signature of applicant _____    Date _____  Print or type name and title of applicant _____</p> <p><small>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.</small></p>	
<p><small>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</small></p> <p><small>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.</small></p>		
<p>RENEWAL - Page 2</p>		

# Drug Enforcement Administration Practitioner's Manual

**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.dea/diversion.usdoj.gov](http://www.dea/diversion.usdoj.gov)  
 2. TELEPHONE: Headquarters Call Center: (800) 882-6639  
 3. WRITTEN INQUIRIES: Drug Enforcement Administration  
 P.O. Box 28063  
 Washington, D.C. 20038-8063
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) 886-6635  
 North Carolina (888) 219-8869  
 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 (817) 557-2200  
 Maine (888) 272-5174  
 Massachusetts (817) 557-2488  
 New Hampshire (888) 272-5174  
 Rhode Island (817) 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  
 900 South Mesa Hills Drive, Suite 2000  
 El Paso, TX 79912

New Mexico (915) 832-8014

**HOUSTON DIVISION OFFICE**  
 1433 West Loop South, Suite 600  
 Houston, TX 77027-9505

Texas (S & Central) (800) 743-0565

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

California (S. Central) (213) 621-8680  
 Hawaii (888) 415-9822  
 Nevada (888) 415-9822  
 Trust Territory (213) 894-2216

**MIAMI DIVISION OFFICE**  
 8400 N.W. 63rd Street  
 Miami, FL 33166

Florida (305) 590-4890

**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) 853-5789  
 (212) 337-1593  
 (212) 337-1594

**PHILADELPHIA DIVISION OFFICE**  
 William J. Green Federal Building  
 500 Arch Street, Room 10224  
 Philadelphia, PA 19109

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

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

Arizona (800) 741-0002

**SAN DIEGO DIVISION OFFICE**  
 4500 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 10th 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) 801-7074  
 Maryland (877) 330-6670  
 Virginia (877) 801-7074  
 West Virginia (877) 330-6670

# Drug Enforcement Administration Practitioner's Manual

## DRUG SCHEDULES

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

### SCHEDULE I

#### NARCOTIC & NON-NARCOTIC BASIC CLASSES

	CODE
Acetorphine	9319
Acetylmethadol	9601
Allylprodine	9602
Alphacetylmethadol (except LAAM)	9603
Buprenorphine	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
Isogaine	7200
Ketobemidone	9625
Lysergic acid diethylamide (LSD)	7315
Marihuana	7390
Mescaline	7391
Methaqualone	2505
3,4 - Methylenedioxyamphetamine (MDA)	7400
3,4 - Methylenedioxymethamphetamine (MDMA)	7405
n - Ethyl - 1 - Phenylcyclohexylamine (FCE)	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)	9055
Ethylmorphine	9190
Etorphine Hydrochloride (M-99)	9059
Glutethimide	2550
Hydrocodone	9193
Hydromorphone	9150
Levo-alphaacetylmethadol (LAAM)	9646
Levorphanol	9220
Meperidine	9230
Methadone	9250
Morphine	9300
Opium, powdered	9639
Opium, raw	9600
Oxycodone	9143
Oxymorphone	9652
Poppy Straw	9671
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	9084
Codeine up to 90 mg/du plus other ingredients	9319
Dihydrocodeine up to 90 mg/du plus other ingredients	9607
Ethylmorphine up to 15 mg/du plus other ingredients	9608
Hydrocodone up to 15 mg/du plus other ingredients	9606
Morphine up to 50 mg/100ml or gm plus other ingred.	9610
Opium up to 600 mg/100m. plus other active ingred.	9509

#### NON-NARCOTIC BASIC CLASSES

	CODE
Anabolic Steroids	4000
Benzphetamine	1228
Butalbital	2100
Dronabinol Pharmaceutical Product	7369
GHB Drug Product (gamma-Hydroxybutyric acid)	7280
Ketamine	7295
Methyprylon	2575
Pentobarbital plus noncontrolled active ingredients	2271
Pentobarbital suppository	2271
Phendimetrazine	1615
Secobarbital plus noncontrolled active ingredients	2316
Secobarbital suppository	2316
Thiopental	3239
Vinbarbital	2335

### SCHEDULE IV

#### NARCOTIC BASIC CLASSES

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

#### NON-NARCOTIC BASIC CLASSES

	CODE
Alprazolam	2682
Barbital	2145
Chloral Hydrate	2465
Chloridazepoxide	2744
Clorazepate	2768
Diazepam	2765
Diethylpropion	1610
Fenfluramine	1670
Flurazepam	2707
Halazepam	2762
Lorazepam	2685
Mazindol	1605
Mebutamate	2600
Mephobarbital (Methylphenobarbital)	2250
Meprobamate	2620
Methohexital	2264
Midazolam	2684
Oxazepam	2635
Paraldehyde	2585
Femoline	1530
Pentazocine	9709
Phenobarbital	2285
Phentermine	1640
Prazepam	2764
Quazepam	2681
Temazepam	2625
Triazolam	2697
Zolpidem	2793

### 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.

# Drug Enforcement Administration Practitioner's Manual

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Form-363	<b>APPLICATION FOR REGISTRATION</b> Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363 (11-05) Previous editions are obsolete						
<b>INSTRUCTIONS</b> 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 8 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 <a href="http://www.deadiversion.usdoj.gov">www.deadiversion.usdoj.gov</a> .  IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	<b>REGISTRATION INFORMATION :</b>  <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 10px;"></div> <p style="text-align: right;">Fee for 1 year is \$130 <b>FEE IS NON-REFUNDABLE</b></p>							
<b>SECTION 1 APPLICANT IDENTIFICATION</b>  Business or Facility Name (if registration is for business entity or is fee exempt) <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution) <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Address Line 1 (street address) <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Address Line 2 <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> City <span style="float: right;">State    Zip Code</span> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div> Business Phone Number <span style="margin-left: 100px;">Business Fax Number</span> <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>								
<b>DEBT COLLECTION INFORMATION</b> Mandatory pursuant to Debt Collection Improvements Act <div style="border: 1px solid black; width: 100%; height: 20px; margin-bottom: 5px;"></div>								
<b>SECTION 2 BUSINESS ACTIVITY</b> Check one box only <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> NTP - Maintenance</td> <td style="width: 50%; border: none;"><input type="checkbox"/> NTP - Compounder / Maintenance</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> NTP - Detoxification</td> <td style="border: none;"><input type="checkbox"/> NTP - Compounder / Detoxification</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> NTP - Maintenance and Detoxification</td> <td style="border: none;"><input type="checkbox"/> NTP - Compounder / Maintenance and Detoxification</td> </tr> </table>			<input type="checkbox"/> NTP - Maintenance	<input type="checkbox"/> NTP - Compounder / Maintenance	<input type="checkbox"/> NTP - Detoxification	<input type="checkbox"/> NTP - Compounder / Detoxification	<input type="checkbox"/> NTP - Maintenance and Detoxification	<input type="checkbox"/> NTP - Compounder / Maintenance and Detoxification
<input type="checkbox"/> NTP - Maintenance	<input type="checkbox"/> NTP - Compounder / Maintenance							
<input type="checkbox"/> NTP - Detoxification	<input type="checkbox"/> NTP - Compounder / Detoxification							
<input type="checkbox"/> NTP - Maintenance and Detoxification	<input type="checkbox"/> NTP - Compounder / Maintenance and Detoxification							
<b>SECTION 3 DRUG SCHEDULES</b> Check all that apply <input type="checkbox"/> Schedule II <span style="float: right;"><input type="checkbox"/> Schedule III</span> <input type="checkbox"/> Check this box if you require official order forms - for purchase or transfer of schedule II controlled substances.								
<b>SECTION 4</b> Are you currently authorized by the Food and Drug Administration for the business activity described in this application? <b>FDA PERMIT</b> YES    PENDING    NO Mandatory for approval <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> FDA Number								
<b>SECTION 5</b> 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?  <b>STATE LICENSE(S)</b> <input type="checkbox"/> YES, I have a license <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> State License Number <input type="checkbox"/> NOT REQUIRED by this state								
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# Drug Enforcement Administration Practitioner's Manual

<b>SECTION 6</b>	<p>1. Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span></p> <p><b>LIABILITY</b></p> <p>2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span></p> <p><b>IMPORTANT:</b> All questions in this section must be answered.</p> <p>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? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span></p> <p>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? <span style="float: right;">YES <input type="checkbox"/> NO <input type="checkbox"/></span></p>	
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<p><b>EXPLANATION OF "YES" ANSWERS</b></p> <p>Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers.</p> <p>Use this space or attach a separate sheet and return with application.</p>	<p>Date(s) of Incident: _____ Location(s) of Incident: _____</p> <p>Nature of Incident: _____</p> <p>Result of Incident: _____</p>	
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<p><b>SECTION 7</b></p> <p><b>CERTIFICATION OF EXEMPTION FROM APPLICATION FEE</b></p> <p>Provide the name and phone number of the certifying official.</p>	<p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program. Be sure to enter name and address of the exempt institution in Section 1.</p> <p>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.</p> <p>Signature of certifying official (other than applicant) _____ Date _____</p> <p>Print or type name and title of certifying official _____ Telephone No. (required for verification) _____</p>	
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<p><b>SECTION 8</b></p> <p><b>METHOD OF PAYMENT</b></p> <p>Check one form of payment only.</p> <p>Sign if paying by credit card.</p>	<p><input type="checkbox"/> Check      Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.</p> <p><input type="checkbox"/> American Express    <input type="checkbox"/> Discover    <input type="checkbox"/> Master Card    <input type="checkbox"/> Visa</p> <p>Credit Card Number _____ Expiration Date _____</p> <p>Signature of Card Holder _____</p> <p>Printed Name of Card Holder _____</p>	<p>Mail this form with payment to:</p> <p>U.S. Department of Justice Drug Enforcement Administration P.O. Box 28063 Washington DC 20038-8063</p> <p><b>FEE IS NON-REFUNDABLE</b></p>
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<p><b>SECTION 9</b></p> <p><b>APPLICANT'S SIGNATURE</b></p> <p>Sign in Ink.</p>	<p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>Signature of applicant _____ Date _____</p> <p>Print or type name and title of applicant _____</p> <p><b>WARNING:</b> Section 543(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intentionally furnishes false or fraudulent information in this application is subject to imprisonment for not more than four years, a fine of not more than \$30,000, or both.</p>	
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<p>1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).</p> <p>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 1117-0013. Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.</p> <p>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.</p> <p>4. <b>PRIVACY ACT INFORMATION</b></p> <p><b>AUTHORITY:</b> 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).</p> <p><b>PURPOSE:</b> To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.</p> <p><b>ROUTINE USES:</b> The Controlled Substances Act Registration Records produce special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:</p> <p>A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.</p> <p><b>EFFECT:</b> Failure to complete form will preclude processing of the application.</p>		
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# Drug Enforcement Administration Practitioner's Manual

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

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# Drug Enforcement Administration Practitioner's Manual

<b>Form-363a</b>	<b>RENEWAL APPLICATION FOR REGISTRATION</b> Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05) Previous editions are obsolete
<b>INSTRUCTIONS</b>	<ol style="list-style-type: none"> <li>1. To apply by mail complete this application. Keep a copy for your records.</li> <li>2. Print clearly, using black or blue ink, or use a typewriter.</li> <li>3. Section 1 should be completed only if your information has changed.</li> <li>4. Mail this form to the address provided in Section 7 or use enclosed envelope.</li> <li>5. Include the correct payment amount. FEE IS NON-REFUNDABLE.</li> <li>6. If you have any questions contact 800-882-9539 prior to submitting your application.</li> <li>7. Save time - renew online at <a href="http://www.deadiversion.usdoj.gov">www.deadiversion.usdoj.gov</a>.</li> </ol> <p style="text-align: center; font-weight: bold; font-size: x-small;">IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.</p>	<b>REGISTRATION INFORMATION :</b> DEA # _____ REGISTRATION EXPIRES _____   FEE IS NON-REFUNDABLE
<b>SECTION 1 APPLICANT IDENTIFICATION</b>		
Business or Facility Name (if registration is for business entity or is fee exempt)		
<input style="width: 100%; height: 15px;" type="text"/>		
Business or Facility Name 2 ("doing business as", continuation of business name, or name of fee exempt institution)		
<input style="width: 100%; height: 15px;" type="text"/>		
Address Line 1 (street address)		
<input style="width: 100%; height: 15px;" type="text"/>		
Address Line 2		
<input style="width: 100%; height: 15px;" type="text"/>		
City State Zip Code		
<input style="width: 30%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 60%; height: 15px;" type="text"/>		
Business Phone Number Business Fax Number		
<input style="width: 30%; height: 15px;" type="text"/> <input style="width: 30%; height: 15px;" type="text"/> <input style="width: 40%; height: 15px;" type="text"/>		
<b>DEBT COLLECTION INFORMATION</b>		
Mandatory pursuant to Debt Collection Improvements Act	Tax Identification Number	See note #3 on bottom of page 2.
<input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/> <input style="width: 10%; height: 15px;" type="text"/>		
<b>SECTION 2 DRUG SCHEDULES</b>		
<input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule III		
Check all that apply <input type="checkbox"/> Check this box if you require official order forms - for purchase or transfer of schedule II controlled substances.		
<b>SECTION 3 FDA PERMIT</b>		
Are you currently authorized by the Food and Drug Administration for the business activity described in this application?		
Mandatory for approval	YES    PENDING    NO	<input style="width: 30%; height: 15px;" type="text"/> FDA Number
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
<b>SECTION 4 STATE LICENSE(S)</b>		
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?		
<input type="checkbox"/> YES, I have a license <input style="width: 30%; height: 15px;" type="text"/> State License Number		
<input type="checkbox"/> NOT REQUIRED by this state		
RENEWAL - Page 1		

# Drug Enforcement Administration Practitioner's Manual

<b>SECTION 5</b>	<p>1 Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law? <span style="float: right;">YES NO</span></p> <p style="text-align: right;"><input type="checkbox"/> <input type="checkbox"/></p> <p><b>LIABILITY</b></p> <p>2 Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted, or denied? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p><b>IMPORTANT.</b> All questions in this section must be answered</p> <p>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? <b>Is any such action pending?</b> <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p> <p>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? <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span></p>	
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<p><b>EXPLANATION OF "YES" ANSWERS</b></p> <p>Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answers</p> <p>Use this space or attach a separate sheet and return with application</p>	<p>Date(s) of incident: _____ Location(s) of incident: _____</p> <p>Nature of incident _____</p> <p>Result of incident _____</p>	
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<p><b>SECTION 6</b></p> <p><b>CERTIFICATION OF EXEMPTION</b> from application fee</p> <p>Provide the name and phone number of the certifying official</p>	<p><input type="checkbox"/> Check this box if the applicant is a federal, state, or local government-operated narcotic treatment program. Be sure to enter name and address of the exempt institution in Section 1.</p> <p>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.</p> <p>Signature of certifying official (other than applicant) _____ Date _____</p> <p>Print or type name and title of certifying official _____ Telephone No. (required for verification) _____</p>	
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<p><b>SECTION 7</b></p> <p><b>METHOD OF PAYMENT</b></p> <p>Check one form of payment only</p> <p>Sign if paying by credit card</p>	<p><input type="checkbox"/> Check      Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.</p> <p><input type="checkbox"/> American Express    <input type="checkbox"/> Discover    <input type="checkbox"/> Master Card    <input type="checkbox"/> Visa</p> <p>Credit Card Number _____ Expiration Date _____</p> <p>Signature of Card Holder _____</p> <p>Printed Name of Card Holder _____</p>	<p>Mail this form with payment to:</p> <p>U.S. Department of Justice Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083</p> <p><b>FEE IS NON-REFUNDABLE</b></p>
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<p><b>SECTION 8</b></p> <p><b>APPLICANT'S SIGNATURE</b></p> <p>Sign in ink</p>	<p>I certify that the foregoing information furnished on this application is true and correct.</p> <p>Signature of applicant _____ Date _____</p> <p>Print or type name and title of applicant _____</p> <p><b>WARNING:</b> 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.</p>	
<p>1 No registration will be issued unless a completed application form has been received (21 CFR 1301.13).</p> <p>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.</p> <p>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.</p> <p>4 <b>PRIVACY ACT INFORMATION</b></p> <p><b>AUTHORITY:</b> 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).</p> <p><b>PURPOSE:</b> To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.</p> <p><b>ROUTINE USES:</b> 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:</p> <p>A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.</p> <p>C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers.</p> <p><b>EFFECT:</b> Failure to complete form will preclude processing of the application.</p> <p style="text-align: center;">RENEWAL - Page 2</p>		

# Drug Enforcement Administration Practitioner's Manual

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

# Drug Enforcement Administration Practitioner's Manual

**Form-363a**

**APPLICATION FOR RENEWAL**

Supplementary Instructions and Information

**CONTACT INFORMATION**

1. INTERNET: Information can be found on our web site at [www.deadiversion.usdoj.gov](http://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