

# Practitioner's Manual An Informati

ubs circuit Controlled Substances Act

#### Joseph T. Rannazzisi

Deputy Assistant Administrator Office of Diversion Control

#### Mark W. Caverly

Chief, Liaison and Policy Section

This manual has been prepared by the Drug Enforcement Administration, Office of Diversion Control, to assist practitioners (physicians, dentists, veterinarians, and other registrants authorized to prescribe, dispense, and administer controlled substances) in their en circuit library on circuit li understanding of the Federal Controlled Substances Act and its implementing regulations as

## Table of Contents

\_\_\_\_\_

#### **Section I - Introduction**

Disclaimer 1
Authorization for Public Dissemination
Message from the Administrator
Preface
S S
Section II – General Requirements
Schedules of Controlled Substances
Schedule I Substances5Schedule II Substances5
Schedule II Substances 5
Schedule III Substances
Schedule IV Substances
Schedule V Substances
Schedule V Substances
Registration Requirements
Application for Registration
Certificate of Registration
Registration Renewals
Schedule V Substances. 6   Registration Requirements. 7   Application for Registration. 7   Certificate of Registration. 8   Registration Renewals. 9   Change of Business Address. 11   Termination of Registration. 11   Denial Superscient of Registration. 11
Termination of Registration
Denial, Suspension or Revocation of Registration
Practitioner's Use of a Hospital's DEA Registration Number
Inappropriate Use of the DEA Registration Number
Exemption of Federal Government Practitioners from Registration

# Section III – Security Requirements

Required Controls.	14
Safeguards for Prescribers	15

## Section IV – Recordkeeping Requirements

Record	keeping Requirements	16
$\sim$	Inventory Disposal of Controlled Substances	16
0	Disposal of Controlled Substances	17

## Table of Contents (continued)

------

Ň

#### Section V – Valid Prescription Requirements

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

# Section VI – Opioid (Narcotic) Addiction Treatment Programs

• `	•**	0
Opioid (Narcotic) Addiction	Treatment Programs	23
Appendices	C	

## Appendices

9

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

## **SECTION I - INTRODUCTION**

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

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

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

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

www.gpoaccess.gov/cfr/index.html

Unofficial copies of pertinent CFR citations may be found at:

www.DEAdiversion.usdoj.gov

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

www.DEAdiversion.usdoj.gov

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

If you encounter errors in this document, please notify:

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

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

2006 Edition Page 1

#### This Document is Authorized for Public Dissemination

.te Aget wered by First Circuit Library on Arton Arton

2006 Edition Page 2

#### Message from the Administrator

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

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

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

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

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

Karen P. Tandy Administrator September 2006

#### Preface

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

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

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

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

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

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

## **SECTION II – GENERAL REQUIREMENTS**

#### **Schedules of Controlled Substances**

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

IMPORTANT NOTE:

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

#### **Schedule I Substances**

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

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

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

## Schedule II Substances

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

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

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

#### Schedule III Substances

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

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

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

#### **Schedule IV Substances**

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

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

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

## Schedule V Substances

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

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

#### **Registration Requirements**

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

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

## **Application for Registration**

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

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

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

Drug Enforcement Administration Attn: ODR P.O. Box 2639 Springfield, VA 22152-263

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

#### **Certificate of Registration**

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

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

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

DEA	) DIVE	nent Administratio	NTROL P		uplicate
		orm 223 Duplic:			
DEA Num		- Not Case Sens			100
As it appea If "Smith, J If "Smith's, If "Smith's I then enter	ars on your regi ohn Q MD'' is o Pharmacy'' is c Pharmacy'' (no : <b>Smith's Pha</b> i		e: n, then enter: <b>S</b> n, then enter: <b>S</b>	mith	
	iuired if given o uuired if giver	on application) on application)	·1018		
		registration rece e, as some proc			may not
		Log	in		

## **Registration Renewals**

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

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

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

Drug Enforcement Administration Attn: ODR P.O. Box 2639 Springfield, VA 22152-2639



Drug Registration > ODWIF

#### **Registration Applications**

#### Office of Diversion Control Web Interactive Forms (ODWIF)

#### **RENEWAL APPLICATIONS**

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

#### MINIMUM ON-LINE REQUIREMENTS

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

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

- Tax ID number and/or Social Security Number
- State Controlled Substance Registration Information
- State Medical License Information

astile

Credit Card (VISA, MasterCard, Discover or American Express)

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

#### **Change of Business Address**

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

#### **Termination of Registration**

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

#### Denial, Suspension or Revocation of Registration

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

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

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

The recommendation of the appropriate state licensing board or professional disciplinary authority

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

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

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

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

Hospital DEA Registration Number	AB1234567-012	Physician's Hospital Code Number

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

## Inappropriate Use of the DEA Registration Number

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

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

#### **Exemption of Federal Government Practitioners from Registration**

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

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

## **SECTION III – SECURITY REQUIREMENTS**

## **Required Controls**

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

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

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

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

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

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

01201

#### **Safeguards for Prescribers**

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

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

## SECTION IV – RECORDKEEPING REQUIREMENTS

#### **Recordkeeping Requirements**

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

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

## Inventory

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

Each inventory must contain the following information:

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

6. Disposition of the controlled substances

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

#### **Disposal of Controlled Substances**

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

## SECTION V – VALID PRESCRIPTION REQUIREMENTS

#### **Prescription Requirements**

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

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

Libran

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

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

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

## Who May Issue

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

1. Authorized to prescribe controlled substances by the jurisdiction in which the practitioner is licensed to practice

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

#### **Purpose of Issue**

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

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

#### **Schedule II Substances**

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

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

#### Refills

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

## **Issuance of Multiple Prescriptions for Schedule II Substances**

St

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

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

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

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

## Facsimile Prescriptions for Schedule II Controlled Substances

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

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

## **Exceptions for Schedule II Facsimile Prescriptions**

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

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

## Schedule III-V Substances

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

## Refills

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

#### **Facsimile Prescriptions for Schedule III-V Substances**

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

#### **Telephone Authorization for Schedule III-V Prescriptions**

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

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

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

2006 Edition Page 22

## **SECTION VI – OPIOID (NARCOTIC) ADDICTION TREATMENT PROGRAMS**

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

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

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

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

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

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

If the practitioner has a patient who is in need of addiction treatment, but does not wish to Last viewed by First Circuit Library on 121/0/2017 treat the individual, the practitioner can refer the patient to an existing facility through the following website: www.findtreatment.samhsa.gov.

APPENDICES APPENDICES

## **APPENDIX** A

#### CSA & CFR Definitions

#### Administer

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

#### Dispense

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

#### Dispenser

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

#### **Individual Practitioner**

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

#### Institutional Practitioner

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

#### Inventory

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

#### Long Term Care Facility

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

#### **Mid-level Practitioner**

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

#### Pharmacist

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

#### Prescription

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

#### **Readily Retrievable**

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

astiened

## **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.

## ${f Q}$ 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.

#### 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.

2006 Edition Page 28

#### **Q** Are military personnel exempted from registration?

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

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

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

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

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

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

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

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

#### ${f Q}$ 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.

#### ${f Q}$ 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,

2006 Edition Page 30 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?

presented by the second A There is no federal time limit for filling Schedule II prescriptions. However,

## **APPENDIX C**

## Summary of Controlled Substances Act Requirements

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

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

**Emergency prescriptions** require a signed follow-up prescription.

- *Exceptions:* A facsimile prescription serves as the original prescription when issued to residents of Long Term Care Facilities, Hospice patients, or compounded IV narcotic medications.
- Where authorized by state controlled substances authority.
## **APPENDIX D**

#### **Internet Resources**

21191201

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

DEA Homepage www.dea.gov

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

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

#### Office of National Drug Control Policy (ONDCP)

www.whitehousedrugpolicy.gov

Food and Drug Administration www.FDA.gov

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

www.health.org

SAMHSA/CSAT

www.csat.samhsa.gov

Federation of State Medical Boards www.FSMB.org

National Association of Boards of Pharmacy www.nabp.net

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

# **APPENDIX E**

#### Drug Enforcement Administration Diversion Field Office Locations

1201

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

arent Last viewed by First Circuit Library of 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

> 2006 Edition Pages 34 - 39

## **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 247). 247). on circuit Library circuit Library circuit Library 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

> 2006 Edition Page 40

# **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.

### <u>Plain Language</u>

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: 21191201

- 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 Last viewed by First Circuit **Treatment Program**

2006 Edition Page 42

OMB Approval No. 1117 - 0007	U.S. Department of Justice / REGISTRANTS INVENTOR				DERE		KAGE NO.	-
The follo for prope	owing schedule is an inventory of con er disposition.					I	o you	
FROM: (Include Nan	e, Street, City, State and ZIP Code in space provid	ed below.)						
				S	gnature c	fapplicant or autho	rized ager	nt
Г								Ň.
							V.	)
1				B	egistranti	s DEA Number		
L				P.	egistranti	s Telephane Numbe	r	
				L				
	All (Betwee Benelet Besuested) (2 BEOLUBED E				6			
OF DRUGS	MAIL (Return Receipt Requested) IS REQUIRED F VIA U.S. POSTAL SERVICE. See instructions on r	everse (page 2)	af farn			<u> </u>		
	NAME OF DRUG OR PREPARATION		mber	CONTENTS (Number of grams, tablets,	trolled Sub-	FOR DEA	USE O	NL
	NAME OF DRUG OR PREPARATION	c	of on- ners	Tablets, ounces or other units	stance Con- tent	000001700	QUA	лтіт
Rec	istrants will fill in Columns 1,2,3, and 4 ONLY.	-		per con- tainer)	(Each Unit)	DISPOSITION	GMS.	N
	1		2	3	4	5	6	
1		- XV-	-					⊢
2		$\rightarrow$						┢
3								⊢
4	()``							┝
5								⊢
6								╞
7								L
8								
9	. 07							
10	0							
	5							$\vdash$
								⊢
12.+								┢
13								⊢
14								┝
15								⊢
16								

\_\_\_\_\_

DEA-41 (6/1986) Pg. 2	Number	CONTENTS (Number of	Con- trolled	FOR DEA	USE O	NLY
NAME OF DRUG OR PREPARATION	of Con- tainers	grams, tablets, ounces or	Sub- stance Con-		014	NTITY
Registrants will fill in Columns 1,2,3, and 4 ONLY.	anes	other units per con- tainer)	tent, (Each Unit)	DISPOSITION	GMS.	MGS.
1	2	3	4	5	6	7
17						
18				N	9	
19						
20						
21						
22			C			
23						
24			8			
" Stifke out lines not applicable.	TNESSED BY:					_
	RUCTIONS					
<ol> <li>List the name of the drug in column 1, the number of containers in colum controlled substance content of each unit described in column 3; e.g., mo sulfare tabs. 1 pkg., 83 tabs., 1/2 gr. (32mg), etc.</li> </ol>	nn 2, the size of each	i container in co 3 pkgs., 100 tai	olumn 3, a bs., 1/4 gr	and in column 4 the . (16 mg.) or morphic	10	
2. All packages included on a single line should be identical in name, conte	ant and controlled su	bstance strength	<b>1</b> .			
<ol> <li>Prepare this form in quadruplicate. Mail two (2) copies of this form to the copy in the chipment with the drifts. Rathin one copy for your records. If furnished to you unless specifically requested. Any further inquiries con- serves your area.</li> </ol>	he Special Agent in ( One copy will be ret cerning these drugs	Charge, under s urned to you as should be addre	eparate co a receipt. issed to th	ver. Enclose one add No further receipt w e DEA District Office	itional ill be 9 which	
<ol> <li>There is no provision for pryment for drugs surrendered. This is merely records of unwanted items.</li> </ol>	a service rendered to	o registrants ena	bling the	n to clear their stocks	and	
<ol> <li>Drugs should be shipped tape-sealed via prepaid express or certified mail Enforcement Administration, of the DEA District Office which serves yo</li> </ol>		quested) to Spe	cial Agen	t in Charge, Drug		
	CT INFORMATION	-				
AUTHORITY: Section 307 of the Controlled Substances Act of PURPOSE: To document the surrender of controlled substances PURPOSE: This form is required by Federal Regulatory of information from this system are made to the following cate A. Other Federal law enforcement and regulatory agencies B. State and local law enforcement and regulatory agencies EFFECT: Failure to document the surrender of unwanted Con Controlled Substances Act.	ces which have be s for the surrender gories of users for s for law enforceme is for law enforcem	en forwarded b of unwanted ( the purposes ent and regulat ent and regula	Controlle stated. ory purp story purp	d Substances. Disc oses. ooses.	losures	
Under the Paperwork Reduction Act, a person is not required to resp control number. Public reporting burden for this collection of informa reviewing instructions, searching existing data sources, gathering an information. Send comments regarding this burden estimate or any this burden, to the Drug Ernforcement Administration, FOI and Record	tion is estimated to d maintaining the d other aspect of this	average 30 m lata needed, a collection of in	inutes pe nd compl normatio	r response, including eting and reviewing n. including suggesti	g the time t the collections for rec	for ion of

2006 Edition Page 44 \_\_\_\_\_

	REPORT	OF THEFT OR LOS	S OF CONTROLL	ED SUBSTANCES
	Federal Regulations require registrants to sub Enforcement Administration.	omit a detailed report of any the	t or loss of Controlled Subst	-
	Complete the front and back of this form in t Retain the triplicate copy for your records. So	riplicate. Forward the original a	nd duplicate copies to the n	earest DEA Office. No. 1117-0001
	1. Name and Address of Registrant (include ZIP		ZIP CODE	2. Phone No. (Include Area Code)
	3. DEA Registration Number	4. Date of Theft or Los	<u>.</u>	s of Registrant (Check one)
	2 ltr. prefix 7 digit suffix	<b>_</b>	1 Pharma 2 Practitio	
			3 🔲 Manufac 4 🔲 Hospital	
				Department (Include Area Code)
		_		
	Yes	_		
	has experienced in the past 24 months	Type of Theft or Loss (Check		
		=	Customer theft	5 Other (Explain) 6 Lost in transit (Complete Item 14)
	11. If Armed Robbery, was anyone:	12. Purchase v Controlled	alue to registrant of Substances taken?	13. Were any pharmaceuticals or merchandise taken?
	Killed? No Yes (How many)			No Yes (Est. Value)
	Injured? No Yes (How many)	\$	<u> </u>	\$
	A Name of Common Carrier	B. Name of Consignee		C. Consignee's DEA Registration Number
	D. Was the carton received by the customer?	E. If received, did it appe	ar to be tampered with?	F. Have you experienced losses in transit from this same carrier in the past?
	Yes No	U Ves	□ No	 NoYes (How Many )
	15. What identifying marks, symbols, or price co	des were on the labels of thes	e containers that would ass	ist in identifying the products?
		5		
	16. If Official Controlled Substance Order Form	is (DEA-222) were stolen, give	numbers.	
	17. What security measures have been taken to	o prevent future thefts or losse	?	
	5			
	$\mathbf{X}$			
	PRIVACY ACT INFOR	MATION		e Paperwork Reduction Act of 1995, no person is a collection of information unless it displays a ly
	AUTHORITY: Section 301 of the Controlled Subst PURPOSE: Report theft or loss of Controlled Sub DOUTING UPER The Controlled Sub-	stances.	collection of information	mber. The valid OMB control number for this on is 1117-0001. Public reporting burden for this
	ROUTINE USES: The Controlled Substances Act special reports required for statistical and analy information from this system are made to the fol purposes stated:	tical purposes. Disclosures of	<ul> <li>response , including t</li> <li>existing data sources</li> </ul>	on is estimated to average 30 minutes per he time for reviewing instructions, searching , gathering and maintaining the data needed, and wing the collection of information.
X	A. Other Federal law enforcement and regulator and regulatory purposes.	ry agencies for law enforcement		ang are seneeden of monthaliett.
S	<ul> <li>B. State and local law enforcement and regulator and regulatory purposes.</li> </ul>	ory agencies for law enforcement	t	
0	EFFECT: Failure to report theft or loss of controlle penalties under Section 402 and 403 of the	d substances may result in Controlled Substances Act.		
	FORM DEA - 106 (11-00) Previous editions obsolete	,	1	CONTINUE ON REVERSE

Trade Name of Substance or Preparation	LIST OF CONTROLLED SUBST Name of Controlled Substance in Preparation	Dosage Strength and Form	Qu
Examples: Desoxyn	Methamphetamine Hydrochloride	5 mg Tablets	3 x 100
Demerol	Meperidine Hydrochloride	50 mg/ml Vial	5 x 30 r
Robitussin A-C	Codeine Phosphate	2 mg/cc Liquid	12 Pint
1.			
2.			
3.			
4.			
5.			$\mathcal{O}\mathcal{N}$
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
26.			
27.			
28.			
29.			
30.	X		
31.			
33.			
34.			
35.			
36.			
37.			
38.			
39.			
40.			
41.			
42.			
43.			
44.			
45.			
46.			
47.			
48.			
49.			
50.			
I certify that the	foregoing information is correct to the best of	my knowledge and belief.	
Signature	Title	Date	

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

TO: (	Copy of	of PURCHASI Instructions			ed for Schedule I and II substances unless a has been received, (21 CFR 1305.04).						a	OMB APPROV No. 1117-001		
10. (	(Name of Su			STREET							,			
CITY	and STAT	E	DATE				Т	O BE	FIL	LEC	DIN	BY	SUPPLIER	
					SU	PPLI	ERS	DEA	REC	GIST	[RA]	FION	NNO.	
L		TO BE FIL	ED IN BY PURCHASER		1						1,		5	
I N E No.	No. of Packages	Size of Package	Name of Item			Ν	lation	al Dr	ug	Code	,		Packages Shipped	[ Sh
1														
2					$\square$			DÌ	•					
3							N					+		
4						$\mathbf{x}$		+				+		
5						4		++				+		
_					4	_		+				+		
6						_		++				_		
7				$\overline{\mathcal{N}}$				++				_		_
8			G											
9														
10														
		LAST LINE COMPLETED	(MUST BE 10 OR LESS)	SIGNATUR					2					
Date	Issued	1	DEA Registration No. Nar	me and Addre	ess c	f Re	gistra	nt						
Sche	dules	,0												
Regis	stered as a	S <sub>O</sub>	No. of this Order Form											
	Form-222 1992)		U.S. OFFICIAL DRUG E	ORDER F INFORCEME SUPPLIE	NT /	٩DM	NIST				818	. <b>  </b>		

-----

Form-224	APPLICATION FOR REGISTRATION Under the Controlled Substances Act	APPROVED OMB NO 1117-00 FORM DEA-224 (9-1 Previous editions are obsol
INSTRUCTIONS	<ol> <li>To apply by mail complete this application. Keep a copy for your record 2. Finit clearly, using black or blue ink, or use a typewriter.</li> <li>Mail this form to the address provided in Section 7 or use enclosed env 4. Include the correct payment amount. FEE IS NON-REFUNDABLE.</li> <li>If you have any questions call 600-862-9639 prior to submitting your ap 6. Save time - apply online at twww.deadlversion.usdol.gov.</li> </ol>	ds. REGISTRATION INFORMATION :
	IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE	
		1911
		\$390,00
		FEE IS NON-REFUNDABLE
	LICANT	
	stration is for individual) -OR- Business or Facility Name (if registration	on is for business entry
First Name (if regis	tration is for individual)	Mdd
Business or Facilit	VName 2 ("doing business as", continuation of business name, or name of the	se exempt institution)
Address Line 1 (str	oct address)	
Address Line 2		
Address Lille 2		
C.b.		Citate Tip Code
City		State Zip Code
Business Phone N	umber Business Fax Number	7
DEBT COLLECTION INFORMATION	Tax Identification Number (I registration is for business)	Social Security Number (if registration is for individual)
Mandatory pursuant to Debt Collection Improvements Act		Provide SSN or TI See note #3 on bottom of page 2
SECTION 2	Hospital/Clinic Ambulance Service	PROFESSIONAL (DDS, DMD, DO, DPM, DVM, MD or PHD) PROFESSIONAL DEGREE
BUSINESS ACTIVITY		Practitioner Military Practitioners and MLF
Check one box only See page 3 for additional instructions	Nursing Home Animal Shelter	(DDS, DMD, DO, DPM, DVM, MD or PHD) Enter your protestor degree from list
<u></u>	Retail Pharmacy     Automated Dispensing System	(DOM, HMD, MP, ND, NP, OD, PA, or RPH)     Euthanasia Technician
FOR Automated Dispensin (ADS) ONLY:	g System DEA Registration # of Retail Pharmacy for this ADS	An ADS is automatically tea-axempt. Skip Section 6 and Section 7 on page 2. You must attach a notorized attidavil.
SECTION 3	Schedule II Narcotic Schedule III Na	rcolic Schedule IV
DRUG SCHEDULES Check all that apply	Schedule II Non-Narcotic Schedule III No	
	Check this box if you require official order forms for purchase schedule II narcotic/schedule II non-narcotic controlled substa	

-----

SECTION 4 STATE LICENSE(S)	Are you the sch YES	I CUITION BY A BOULIES IOF V PENDING	which you a NO	o prescribe re applying	, distrib under	ute, dis the laws	of the st	induct tate or	researd jurisdict	h, or ot tion in v	herwise which yo	handle the con u are operating	trolled substances in or propose to operate?
Be sure to include both									Т			State Licen:	e Number
state license numbers li applicable					-					-		State	Controlled Substance
		-	1		_					_		Licen	e Number (if required) YES NO
SECTION 5	1. Has the	applicant	ever been o	onvicted o	of a cri	me in co	nnection	with c	ontrollec	d subst	ance(s)	under state or f	
	2. Has the	applicant	ever surren	dered (for a	ause)	or had a	federal	control	lled subs	stance	registral	ion revoked, su	spended,
IMPORTANT All questions in		ed," ór denie e applicant (		dered (for a	ause) (	or had a	state pro	ofessio	onal licer	nse or (	controlle	d substance re	
this section must be answered.	revoked	1, súspende	ed, denied,	restricted, (	or place	ed on pr	obation?	is any	/ such a	action	pending	12	
	controll registra	ship, or pha ed substan tion revoke	armačy, has ce(s) Under d, suspend d, suspend	saný officer state or fe ied, restrict	, partn deral la ed, den restric	er, stock w, or ev led, or e ted or pi	holder, or er surren ver had s	oered, state	for cause profess	en com se, or h sional li	victed o had a feo cense o	v the public), as if a critme in co deral controlled r controlled sub	substance stance
EXPLANATION OF "YES" ANSWERS	Date(s)	of incident					Locatio	n(s) of	incideni	t			
Applicants who have answered "YES" to any of the four questions above must provide		of incident:									6		
a statement to explain such answers										1			
Use this space or attach a separate sheet and return with application	Result (	of incident:							3	,			
SECTION 6	Che	Check this box if the applicant is a federal, state, or local government operated hospital, institu-									stitution or offic	al.	
CERTIFICATION OF EXEMPTION	The up	Be sure to enter the name and address of the exempt institution in Section 1. The undersigned hereby certifies that the applicant named hereon is a federal, state or local govern stitution or official, and is exempt from payment of the application fee.								warmoont.ona	rated bosinital		
from application fee	institutio									overnmenrope	ateu noopital,		
Provide the name and phone number of the	Signatu	re of certify	ing official	(other than a	applicat	nt)					Dat	e	
certifying official					C								
	Print or	Print or type name and title of cartifying official Telepi						phone No. (required for verification)					
SECTION 7 METHOD OF	Che	Maka ck See	e check paya page 4 of ins	ble to: Drug tructions for	Enforc	ement A nt informa	dministrat stion.	lion					
PAYMENT Check one form of	Ame	arican Expr	ess 🗖 D	lacover	Mas	ster Car	a 🗆 v	/Isa				Mailth	s form with payment to.
payment only	Credit C	ard Numb	er S						Expirat	ion Da	te		Department of Justice forcement Administratio
										]-[			P.O. Box 28083
Sign If paying by		<u> </u>										Washir	ngton, DC 20038-8083
credit card	Signate	ne of Card	Holder									FEE IS	NON-REFUNDABLE
	Printed	Name of C	ard Holder										
SECTION 8			egoing into	rmation fur	nished	on this :	applicatio	nistru	e and o	orrect.			
			3 9.00										
SIGNATURE Sign in link	Signati	ire of appl	lcant									Date	
1.0°	Print or	type name	and title of	applicant									
$\sim$	WARNIN	iG: Section ô nt information	43(a)(4)(A) o h in the applic	of Title 21, Ur cation is subj	nited Sta act to im	ties Code prisonme	states that ant for not i	it any p more th	erson wh an four y	o knowi ears, a t	ingly or in fine of no	ientionally furnish t more than \$30,0	es faise or 00, or both.
the time for reviewing 3. The Debt Collection in This number is require 4. PRIVACY ACT INFOR	issued uni e Paperwor nber for thi Instruction mprovemen ed for debt RMATION	ess a comple ik Reduction is s collection is s, searching its Act of 199 collection pro	ated applicati Act of 1995, s 1117-0014. existing data 6 (PL 104-13 ocedures sho	on form has no person is Public reportsources, gat Sources, gat M) requires t puid your fee	been required ting bur thering a hat you become	den for th den for th and maint furnish ye uncollec	1 CFR 130 and to a co its collectic zining the our Taxpay table.	(1.13). flection on of inf data ne ver iden	of inform ormation aded, an tilying Nu	ation un is estim d comp mber at	niess it dis ated to a leting and nd/or Soc	splays a valid OM verage 12 minule treviewing the co tal Security Numb	B control number. The sper response, including
AUTHORITY PURPOSE: ROUTINE U	SES:	texpayer iden To obtain info The Controlls information fr A. Other fede	ntifying numb ormation requ ad Substance rom this syste anal law enfor	er and/or so ulred to regis as Act Regist ern are made reement and	ter appli ration R to the f regulato	ants pur cants pur ecords pr ollowing o ry agenci	suant to the oduces sp categories les for law	e Contr ectal re of user enforce	rolled Sub ports as s for the p ament and	bstancer required purpose d regula	s Act of 1 for statis s stated: tory purp	970. itical analytical pu oses.	rposes. Disclosures of
EFFECT:		C. Persons n Failure to cor	egistered und mplete form v	der the Contr will preclude	olled Su process	bstances ing of the NEW - I	application	1-513) f n	or the pu	rpose of	r verifying	poses. the registration o	f customers.

Supplementary instructions and Information           ADDITIONS         additional instructions and information in the back collection information informatinformatin information information information information inform	Form-224		ON FOR REGIS									
INSTRUCTIONS         Account production must be in the common particle of the common matching of the control matching		Supplementary	y Instructions and Ir	nformation								
Mid kaw graditions also and ro is days to mit has charace. COM How How Mid (), Higo C, PA Hill         Additional provide carrent DRA signification material and provide and basis of L Crick term of the Crick and the material formation is being the Additional System (1996).       Prevention (1996) (1997) (1		Fee ex street a	empt applications must list address a post office box m	the name and address of ay be included. Applican	the fee exempt instituti t must enter a valid soc	on. A physical address i tal security number (SSN)	s required; after the 👘 💧					
Afford Provide number of provide nail pharma by and complete address 1 humans of Long-Lum Carry Angle and Human Address     Afford Provide number of contracting to devide the pharmatic number and the set of the Add (17 U.S.C. Statu)     Provide number of contracting to devide the pharmatic number address     compared to the add (17 U.S.C. Statu)     Provide number of the add (17 U.S.C. Statu)     Provide n		SECTION 2. BUSIN Mid-lev	ESS ACTIVITY - Indicate of rel practitioners also enter of	nly one. Practitioners als ne degree from these ch	o enter one degree from oldes: DOM, HMD, MP	mithis list: DDS, DMD, D0 ND, NP, OD, PA, or RPH	D, DPM, DVM, MD or PH					
SECTION 3. CPUCKES Application should be access of a draw state bit is provided. In social case in the application is application of the application is application of the application. State is a st		Affidavit mústinduda 3) Permit or license r 4) Required Stateme	<ul> <li>1) Name of parent retail pl number(s) and date issued int: This affidavit is submitti commence proceedings material information cor corporation/partnership</li> </ul>	harmacy and complete a of State certification to op ad to obtain a DEA regist s to deny the application stained in this atflatevit m ibusiness to prosecution	ddress 2) Name of Long serate ADS at named L1 ration number. If any m under section 304 of the sy subject the person si under section 403 of th	-term Care (LTC) facility IC facility aterial information is false Act (21 U.S.C. 8224(a)) gaing this affident, and it e.Act (21 U.S.C \$43)	and complete address the Administrator may Any faise or fraudulent e named					
SECTION 4. STATE LC: Note: 0) Peckent ingeritation by DBA bitsource processing in your rates		SECTION 5. DRUG require to trans	SCHEDULES - Applicants ments; federal registration afer schedule II controlled s	should check all drug so does not overrule state re	hedules to be handled, astrictions. Check the o	However, applicants must refer form box only if you	st still comply with state intend to purchase or					
SECTION 8. LABELTY - Application must arreaded at four questions for the application (bits applicate) (bits applicat		SECTION 4. STATE	LICENSE(3) - Federal regions should contact the local	i state iconsing authority	prior to completing this	application. If your state	requires a secarate					
Section 1. Although is not backhold admon on frequency in a subject of the subjec		SECTION 5. LIABIL	TY - Applicants must answ	er all four questions for th	he application to be acc	epted for processing. If y	ou answered "Yes" to					
SECTION 6. APPLICANTS SIGNATURE - Musile be no signal suprawing (n ke) of the applicant.           CONTACT INFORMATION         ATLANTA DVISION OFFICE TIX Registration 75 prins Struck SW, Suite 000 31 Million Carolina South Carolina (000) 210-2801         DETECTION 6. APPLICANTS SIGNATURE - Musile SUITE (000) 220-2814         PHILADEL/PHA DIVISION OFFICE Willion J. Corona South Carolina (000) 220-2814           1. INTERNET www.ideadiversite.nucledjaw www.ideadiversite.nucledjaw South Carolina (000) 220-2814         Georgia (000) 220-2814         DETECTION 6. APPLICANTS SIGNATURE - Musile (000) 220-2814         PHILADEL/PHA DIVISION OFFICE Willion J. Corona South Carolina (000) 220-2814           Carolina (000) 220-2814         Georgia (000) 220-2814         Georgia (000) 220-2814         Detwers (000) 220-2814         PHILADEL/PHA DIVISION OFFICE (000) 220-2814           Detwers (000) 220-2814         Georgia (000) 220-2814         Corona (000) 220-2814         Detwers (000) 220-2814         Philosophica (000) 220-2814           Detwers (000) 220-2814         BOSTON KWISION OFFICE (000) 222-2817         Travas (8. & Canolina (000) 77-2802         Philosophica (000) 71-2022         Philosophica (000) 71-2022           Detwers (000) 77-2802         Carona (000) 222-2817         Registration (000) 77-2802         Registration (000) 77-2802         Philosophica (000) 77-2802         Philosophica (000) 77-2802           Detwers (000) 000000000000000000000000000000000		SECTION 6. CERTI operationauthor	FICATE OF EXEMPTION - ed hospitals, institutions an ty title, and telephone numb	Exemption from paymen d officials. The applicant per of the certifying officia	t of application fee is lin 's superior or agency of il (other than the applica	nited to federal, state or io licer must certify exempt sni) must be provided.	cal government status. The signature,					
CONTACT INFORMATION         ATLANTA EVISION OFFICE ATTR Registration Signing Struct, SW, Suita BOO Allash, GA SU032         DETROIT DIvision OFFICE 431 Having Struct Summaria         DETROIT DIvision OFFICE 431 Having Struct Summaria         PHLADELPHA DIVIsion OFFICE 431 Having Struct Summaria           1.INTERNET www.dsadiverskn.udd.jop 2. TELEPHONE         Attanta Evission OFFICE Attanta Existing Summaria         (000) 920-0035 (000) 220-0044 Othor Campacity Internation (000) 220-0044 Othor Campacity Internation Summaria         Detware (000) 230-0044 Othor Campacity Internation (000) 220-0044 Othor Campacity Internation (000) 220-004 Othor Campacity Internation (000) 220-004 Othorecampacity Internation (000) 220-004 Othorecampacity In		SECTION 7. METH Third-;	DO OF PAYMENT - Indicate arty checks or checks draw	a the desired method of p on on foreign banks will n	ayment: Make checks of be accepted. FEES	payable to "Drug Enforce ARE NON-REFUNDABLE	ment Administration". E.					
CONTACT         ATTN Registration Tisping Struct, Struct, Struct Structure Stanta Stanta Structure (Structure)         451 Heyding Struct (Structure)         451 Heyding Struct (Structure)         451 Heyding Structure (Structure)         451 Heyding Structure)         451 Heyding Structure (Structure)         451 Heyding Structure)         451 Hey												
I.INTERNET         Georgia Mathematical Scale (2009) 980-9935         (Michigán (2000) 230-9844         Deleware (2009) 303-8331           www.deadiversite.usdcj.gov         Antic Carrina (2009) 980-9935         (2009) 980-9935         (2009) 980-9935         (2009) 980-9935           2. TELEPHONE         Bostin Carrina (2009) 980-9935         (2009) 980-9936         (2009) 980-9936         (2009) 980-9936           3. WRITTEN INQUIRIES         Bostin Materia Edition         (2009) 980-9937         (2009) 980-9936         (2009) 980-9936           3. WRITTEN INQUIRIES         Bostin Materia Edition         (2009) 980-9936         (2009) 980-9936         (2009) 980-9936           3. WRITTEN INQUIRIES         Connecticut (171) 987-2000         Houston IXT7027-9906         Houston IXT77027-9906         Artona (2009) 741-9902           BEA         Connecticut (171) 987-2000         Materia (2000) 741-9002         Artona (2009) 741-9902         Artona (2009) 741-9902           Washington And Social Internation (1009) 222-5174         Materia (2000) 747-9266         Houston IXT7027-9906         San Classo (2009-906)         San Classo (2009-906)         San Classo (2009-906)         San Classo (2009) 930-9305         San Francisco, CA 94102         Calibratia (Southam) (4009) 924-1152           DEA Offices are listed (2000) 1710 (100 OFFICE P) (2000) 936-1001         Fro. Bos 39035         San Classo (2000) 936-1001         San Classo (2000) 936-1001		ATTN: Registration 75 Spring Street, SW		431 Howard Street Detroit, MI 48226		William J. Green Fed 600 Arch Street, Roo	eral Building m 10224					
2. TELEPHONE       Tennesse       (000) 210-7000       ELPAGO DUVISION OFFICE       PHOENK DIVISION OFFICE         Hasdguster Cal Center (000) 022-0530       BOSTON RUVESION OFFICE         DEA FO. Box 20053       Wathington DC 2003-003       Mane       1000 972-5174       HOUSTON DVISION OFFICE       AN DEBO DWISION OFFICE         DEA OFFICES       Offices are listed (000) 972-5174       CARIBBEAN DWISION OFFICE       Commentant (000) 272-5174       HOUSTON DWISION OFFICE       SAN DEBO DWISION OFFICE         DEA OFFICES       Son David Risk Ruves Rule DWISION OFFICE       COS AND ECO DWISION OFFICE       ZoS AND FEO DWISION OFFICE         DEA OFFICES       Calibria (1000 977-5178       Texas (8. 6 Central) (200) 743-0505       San DEBO, CACE ANARDA, 1416 Floor         DEA OFFICES       Son David Risk Ruves Rule DWISION OFFICE       LOS ANGELES DIVISION OFFICE       ZoS AND FEO DWISION OFFICE         DEA OFFICES       Son Texnel (200) 777 75-1786       Calibria (200) 7775-1786       Texas (200) 775-1786         DEA DIFFICE       Son FEAD Texnel (200) 7775-1786       Calibria (200) 7775-1786       Calibria (200) 775-1786         DEA DIFFICE       Son FEAD Texnel (200) 7775-1786       Calibria (200) 7775-1786       Calibria (200) 7775-1786         DEA CAC FROME       Son FEAD Te		North Carolina	(000) 219-0609	Michigań	(800) 230-6844							
(000) 982-9539         15 New Sudbury Bröck, Rogm E400         New Masico         (915) 632-6014         Arbona         (000) 741-0022           9. WRITTEN INQUIRES         Connacticut         (97) 457-2200         New Masico         (915) 632-6014         Arbona         (000) 741-0022           P.O. Box 20050         Main and the month of the subscription of t		Tennessee BOSTON DIVISION	(000) 219-7095 OFFICE	El Paso Federal Justic 600 South Mesa Hills I	e Center	3010 N. 2nd Street S						
DEA P.O. Box 2005 Washington DC 2000-3005         Commecticut (17) 457-2520 Washington DC 2000-3005         HOUSTON DFICE 133 WestLoop South Subte 600 Houston, TX 77027-3056         San Diago, CA 22123-1637           4. DEA OFFICES         CARIBBEAN DMISION OFFICE P.O. Box 2167         Cariba Istimut (17) 577-2320         Taxas (S. & Cantral) (300) 743-0305         Calibratia Avenue San Diago, CA 22123-1637           DEA OFFICES         CARIBBEAN DMISION OFFICE P.O. Box 2167         Cariba Istimut (17) 577-1766         Control (17) 572-1786         Calibratia (300) 415-9022 Trust Tentory (213) 524-1860         Calibratia (000) 304-3251           DEA OFFICES         CARIBBEAN DMISION OFFICE P.O. Box 2167         Calibratia (170) 775-1766         Control (17) 524-5360         Calibratia (Northern) (600) 304-3251           DEA OFFICE         Control (17) 575-1766         Control (17) 524-5360         Calibratia (Northern) (600) 304-3251           DEA OFFICE         Control (17) 775-1766         Control (17) 524-5360         Calibratia (Northern) (600) 304-3251           DEA OFFICE         Vistor Biolon Site (17) 5176-1766         Control (17) 524-5360         Calibratia (Northern) (600) 304-3251           DEA OFFICE         Vistor Biolon Site (13) 535-1766         Chickson (17) 535-1766         Control (16) 535-6706         Calibratia (Northern) (600) 210-4261           Dial Lass Division OFFICE         North Datota (112) 355-1766         New Africa (100) 536-6701         New Africa (100) 536-6701	(800) 852-9539	15 New Sudbury Stre	est, Room E400		(915) 832-6014							
Washington DC 20008-003         New Hampship         (800) 272-5174         Taxas (S. & Cantral)         Callomia (500) 743-0595           4. DEA OFRCES         DEA OFRCES         CARIBBEAN DIVISION OFFICE         CARIBBEAN DIVISION OFFICE         Callomia (500) 773-0595         SAN FRANCISCO DIVISION OFFICE         SAN FRANCISCO AC 44102         SAN FRANCISCO AC 44102           are tol-linee numbers)         Callor 12 (370) 775-1766         Callornia (5. Central) (213) 621-6960         Callornia (Northam) (600) 304-3251         SEATTLE DIVISION OFFICE         San Francisco, CA 24102         Callornia (Northam) (600) 304-3251           DEA OFRCES         DISA VIGIN Islands         (707) 775-1766         New Jameshie (300) 415-5022         Callornia (Northam) (600) 304-3251           DEAL STATUS Foderal Building         Callornia (3. Central) (213) 624-2216         Seattrue (300) 415-5022         Callornia (Mortham) (600) 304-3251           DEAL STATUS Foderal Building         Callornia (3. Central) (213) 634-15-5022         Trust Territory (213) 634-15-5022         Callornia (Mortham) (600) 214-4261           Miscry IF addraging         Callornia (3. Contral) (213) 635-1235         New Jamsey         Mism, FL 33166         Mism, FL 33166         Creation (1100) 214-4261           Miscry IF addraging (213) 353-1236         New Areans, Worth (213) 353-1236         New Areans, Worth (200) 214-4261         Satut (200) 214-4261           Mismatrin (717) 353-51236	DEA	Maine	(000) 272-5174	1433 West Loop South	1, Sulte 600	4560 Viewridge Aven	ue					
4. DEA OFRICES         Vermont         (000) 272-5174         LOS ANSELES DIVISION OFRICE         SAN FRANCISCO DIVISION OFFICE           DEA Offices are listed (000, 077, and 605 are tol-trise numbers)         CARIBBEAN DIVISION OFFICE F.O. Box 2022-2167         LOS ANSELES DIVISION OFFICE C.B. Cost 2167         LOS ANSELES DIVISION OFFICE C.B. Cost 2167         San FRANCISCO DIVISION OFFICE F.O. Box 30035         San FRANCISCO DIVISION OFFICE C.B. Cost 2167           District free numbers)         California (S. Central) (213) 621-5060         Hawaii         California (S. Central) (213) 621-5060         San Francisco, CA Q4102           California (S. Central)         California (S. Central) (213) 621-4261         California (S. Central) (213) 621-4261         Sant Francisco, CA Q4102           California (S. Central)         California (S. Central) (213) 621-4261         Sant Francisco, CA Q4102         SEATTLE DIVISION OFFICE 400 N.W. 53rd Streat           Discore (Cost And Streat		New Hampshire	(888) 272-5174	-		California (Southern)	(600) 284-1152					
Puerto Bloc         (707) 775-1768         California (S. Cantral)         (213) 621-6960         California (Northerm)         California (Northerm) <thcalifornia (northerm)<="" th="">         California (Northe</thcalifornia>	DEA Offices are listed (800, 877, and 668	CARIBBEAN DIVISI P.O. Box 2167	(888) 272-5174 ON OFFICE	LOS ANGELES DIVIS 255 East Temple Street	ION OFFICE	450 Golden Gate Aw P.O. Box 38035	anue, 14th Floor					
U.S. Vifigin Islands         (707) 775-1796         Newsda         (806) 415-0622         SEATLE DIVISION OFFICE           OHICAGO DIVISION OFFICE         Nuczynski Fedaral Bulding         Trust Territory         (213) 504-2216         36 Darbom Street, Suite 1         300 Sacord Avenue, West Seattle, WA 90119           200 S. Dearbom Street, Suite 1200         Chicago, IL 60604         MIAMI DIVISION OFFICE         Alaska         (600) 210-4261           Hindis         (312) 353-1236         Miami, FL 33166         Cregon         (600) 210-4261           Miana         (312) 353-1236         Mismi, FL 33166         Cregon         (600) 210-4261           Mianti Datota         (312) 353-1236         MEWARK DIVISION OFFICE         St. Louis Division OFFICE         Missouri St. Louis, MO 63103           DALLAS DIVISION OFFICE         New Jansey         (800) 356-1071         Iowa         (800) 803-1179           Daktes, TX 75220         New Jansey         (800) 356-1071         Iowa         (800) 803-1179           Oktahoma         (800) 338-4704         New Jansey         (800) 514-7002         New Alassa         (800) 803-1179           Daktes, TX 75220         New Jansew         (800) 514-7002         Nebasta         (800) 803-1179           Oktahoma         (800) 338-4704         Lakeway III, Suita 1500         Scuth Dakota	are toll-tree numbers)				(213) 621-6960	California (Northern)	(000) 304-3251					
Nuczyreśł Fodoral Bułdny (2005 S. Deartom Street, Suite 1200 Chkago, IL 60904         Mila IDVISION OFFICE 0400 N.W. Stat Streat Miami, FL 33166         Alaska (305) 590-4800         Alaska (306) 219-4281           Hinois Indana (312) 353-1234 Manesota Monteota (312) 353-1236         Fiorida (312) 353-1236         Fiorida (312) 353-1236         Fiorida (312) 353-1236         Alaska (305) 590-4800         Vaska (306) 219-4281           Minesota Monteota Monteota (312) 353-1236         Fiorida (312) 353-1236         Fiorida (312) 353-1236         NEWARK DIVISION OFFICE Newark, ND 7102         St. Louis, MO 63103           DALLAS DIVISION OFFICE 10160 Technology Blvd., East Dalkes, TX 75220         New Jarsey (306) 336-4704         New Jarsey Mestarka Lakeway III, Suite 1500         New Jarsey (306) 514-7022         Iowa Kanase (306) 603-1179           Oklahoma Texas (Northern)         (300) 328-4704         New Jarsey Lakeway III, Suite 1500         South Dakota (306) 603-1179         New Sath Dakota (306) 603-1179           DENVER DIVISION OFFICE 1105 Inverness Drive, East Englewood, CO 60112         Alasma (300) 328-6900         (305) 514-7020 Misstalppi (300) 514-7020         WASHINGTON, D. C. DIVISION OFFICE Alasma (305) 514-7020 Misstalppi (300) 328-6900         New York (377) 305-5709 Were Virginia         District of Columbia (577) 301-6870           Ook Streat, NY 10011         New York         (377) 305-5709 Were Virginia         District of Columbia (577) 330-6870	6	U.S. Virgin Islands	(787) 775-1788	Nevada	(000) 415-9022	400 Second Avenue,						
Dates, TX 70220         NEW ORLEANS DMISION OFFICE         Miscount         (000) 003-1179           Oklahoma         (000) 338-4704         Lakeway III, Suila 1000         Nebraska         (000) 003-1179           Oklahoma         (000) 338-4704         Lakeway III, Suila 1000         South Dakota         (000) 003-1179           Texas (Northern)         (000) 338-4704         Lakeway III, Suila 1000         South Dakota         (000) 003-1179           DENVER DIVISION OFFICE         Alabama         (000) 514-5051         WASHINGTON, D.C. DIVISION OFFICE         Techworld Plaza           115 Inverness Drive, East         Arkansas         (000) 514-7302         Wolkshington, D.C. 20001         Washington, D.C. 20001           Colorado         (000) 328-6900         Missistippi         (000) 514-7302         Washington, D.C. 20001           Montana         (000) 328-6900         NEW YORK DIVISION OFFICE         Marytand         (677) 801-7974           Wyoming         (000) 328-6900         99 Tenth Avenue         Virginia         (677) 301-7974           Wyoming         (000) 328-6900         New York, (077) 683-5769         Virginia         (577) 336-6670           New York         (212) 337-15903         New York         (217) 633-6769         Virginia         (577) 336-6670	.0	Kluczynski Federal B 230 S. Dearborn Stro	uliding	6400 N.W. 53rd Street		Alaska						
Dates, TX 70220         NEW ORLEANS DMISION OFFICE         Miscount         (000) 003-1179           Oklahoma         (000) 338-4704         Lakeway III, Suila 1000         Nebraska         (000) 003-1179           Oklahoma         (000) 338-4704         Lakeway III, Suila 1000         South Dakota         (000) 003-1179           Texas (Northern)         (000) 338-4704         Lakeway III, Suila 1000         South Dakota         (000) 003-1179           DENVER DIVISION OFFICE         Alabama         (000) 514-5051         WASHINGTON, D.C. DIVISION OFFICE         Techworld Plaza           115 Inverness Drive, East         Arkansas         (000) 514-7302         Wolkshington, D.C. 20001         Washington, D.C. 20001           Colorado         (000) 328-6900         Missistippi         (000) 514-7302         Washington, D.C. 20001           Montana         (000) 328-6900         NEW YORK DIVISION OFFICE         Marytand         (677) 801-7974           Wyoming         (000) 328-6900         99 Tenth Avenue         Virginia         (677) 301-7974           Wyoming         (000) 328-6900         New York, (077) 683-5769         Virginia         (577) 336-6670           New York         (212) 337-15903         New York         (217) 633-6769         Virginia         (577) 336-6670	N_	Illinois	(312) 353-1234	-	(305) 590-4880	Oregon	(000) 219-4261					
Dates, TX 70220         NEW ORLEANS DMISION OFFICE         Miscount         (000) 003-1179           Oklahoma         (000) 338-4704         Lakeway III, Suila 1000         Nebraska         (000) 003-1179           Oklahoma         (000) 338-4704         Lakeway III, Suila 1000         South Dakota         (000) 003-1179           Texas (Northern)         (000) 338-4704         Lakeway III, Suila 1000         South Dakota         (000) 003-1179           DENVER DIVISION OFFICE         Alabama         (000) 514-5051         WASHINGTON, D.C. DIVISION OFFICE         Techworld Plaza           115 Inverness Drive, East         Arkansas         (000) 514-7302         Wolkshington, D.C. 20001         Washington, D.C. 20001           Colorado         (000) 328-6900         Missistippi         (000) 514-7302         Washington, D.C. 20001           Montana         (000) 328-6900         NEW YORK DIVISION OFFICE         Marytand         (677) 801-7974           Wyoming         (000) 328-6900         99 Tenth Avenue         Virginia         (677) 301-7974           Wyoming         (000) 328-6900         New York, (077) 683-5769         Virginia         (577) 336-6670           New York         (212) 337-15903         New York         (217) 633-6769         Virginia         (577) 336-6670	10	Minnesota North Dakota	(312) 353-9166 (312) 353-9166	60 Mulberry Street, 2n		317 South 16th Stree	rt -					
Colorado         (800) 328-6900         NEW YORK DIVISION OFFICE         District of Columbia         (677) 801-7974           Montana         (800) 328-6900         NEW YORK DIVISION OFFICE         Maryland         (677) 304-6970           Utah         (800) 328-6900         96 Tanth Avenue         Virginia         (677) 801-7974           Wyoming         (800) 328-6900         New York, NY 10011         West Virginia         (677) 336-6670           New York         (877) 805-5769         (877) 336-6670         New York         (871) 805-5769	17.	10160 Technology Bl		NEW ORLEANS DIVI	BION OFFICE	Kansas Missouri	(688) 803-1179 (688) 803-1179					
Colorado         (800) 328-6900         NEW YORK DIVISION OFFICE         District of Columbia         (677) 801-7974           Montana         (800) 328-6900         NEW YORK DIVISION OFFICE         Maryland         (677) 304-6970           Utah         (800) 328-6900         96 Tanth Avenue         Virginia         (677) 801-7974           Wyoming         (800) 328-6900         New York, NY 10011         West Virginia         (677) 336-6670           New York         (877) 805-5769         (877) 336-6670         New York         (871) 805-5769			(000) 336-4704 (000) 336-4704	Lakeway III, Sulle 160	ō	South Dakota	(688) 803-1179					
Colorado         (800) 328-6900         NEW YORK DIVISION OFFICE         District of Columbia         (677) 801-7974           Montana         (800) 328-6900         NEW YORK DIVISION OFFICE         Maryland         (677) 304-6970           Utah         (800) 328-6900         96 Tanth Avenue         Virginia         (677) 801-7974           Wyoming         (800) 328-6900         New York, NY 10011         West Virginia         (677) 336-6670           New York         (877) 805-5769         (877) 336-6670         New York         (871) 805-5769		115 Inverness Drive,	East	Arkansas Louisiana	(855) 514-7302 (855) 514-7302	Techworld Plaza 600 K Street, N.W., S	iulia 500					
New York (077) 553-5759 (212) 337-1593		Colorado	(800) 326-6900	NEW YORK DIVISION		Maryland	(677) 801-7974 (677) 330-6670					
NEW INST - Page 3 (212) 337-1594		Utah	(800) 326-6900									

EDULES	or contact the DEA office serving your area.			
	SCHEDULEI		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
	Acelophine	9319	Buprenorphine Codeline up to 90 mg/du plus other ingredients	9064 9319
	Acetylmethadol	9601	Dihydrocodeineup to 90 mg/du plus other ingredients	9867
	Allyprodine	9802	Ethylmorphine up to 15 mg/du plus other ingredients	8000
	Alphacetylmethadol (except LAAM) Bufotenine	9603 7433	Hydrocodone up to 15 mg/du plus other ingredients Morphine up to 50 mg/100mi or gm plus other ingred.	9010
	Dextromoramide	9613	Oplum up to 500 mg/100m, plus other active ingred	9009
	Diethyttryptamine (DET) 2,5 - Dimethoxyamphetamine (DMA)	7434 7396	NON-NARCOTIC BASIC CLASSES	CODE
	Dimethytinyptamine (DMT)	7435	NONNARCOTIC EASIC CEASSES	CODE
	Dimethyttryptamine (DMT) Etorphine (except hydrochloride salt)	9056	Anabolic Steroids	4000
	gamima-Hýdroxýbutýnic acid (exceptídrug product) Heroin	2010 9200	Berzphetamine Butabital	1228 2100
	ibogaine	7260	Dronabinol Pharmaceutical Product	7369
	Ketobernidone	9625	GHB Drug Product (gamma-Hydroxybutyric asid)	2010
	Lysergic acid diethylamide (LSD) Marihuana	7315 7360	Ketamine Methypotop	7265 2575
	Mescaline	7361	Methypryton Peniobarbital plus noncontrolled active/ingredients	2271
	Methaguaione	2565	Periobarbital suppository	2271
	3,4 - Methylenedioxyamphetamine (MDA) 3,4 - Methylenedioxymethamphetamine (MDMA)	7400 7405	Phendimetrazine Secobarbital plus noncontrolled active ingredients	1615 2316
	n- Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455	Secobarbital suppository	2316
	Peyota	7415	Thiopental	2329
	1 - (1-Phenylcyclohexyl)pyrrolidine (PCP) Psilocybin	7458 7437	Vincarbital	2335
	Psilocýn	7438		
	Tetrahydrocannabinois (THC)	7370	SCHEDULE IV	
	1-[1-(2-Thienyl)-cyclohexyl]-piperidine	7470	NARCOTIC BASIC CLASSES	CODE
	SCHEDULE II		Deximpropoxyphene du Ditencitin 1mg/25ug atropine SO4/du	9278 9167
	NARCOTIC BASIC CLASSES	CODE	NON-NARCOTIC BASIC CLASSES	CODE
	Alphaprodine	9010	Abarahan	-
	Antiendine	9020	Alprzołam Barbital	2662 2145
	Cocaine Codeine	9041	Chioral Hydrate	2465
	Dextropropoxyphene (bulk)	9273	Chiordiazepoxide Ciorazepate	2744 2768
	Dipherioxylate Diprenorphine (M50-50)	9170	Diazepan	2765
	Ethylmorphine	0190	Diethýlpropion	1610
	Etořphiné Hydrochloride (M-99)	9059	Fenflüramine Flurazeparn	1670 2767
	Gluísthimidé Hydrocodone	2550	Halazepam	2762
	Hýdromorphone	9150	Lorazepam	2005
	Lévo-alphacetyimethadol (LAAM)	9648	Mazindol Mebutamate	1605 2800
	Levorphanol Meperidine	9220 9230	Mephobarbital (Methylphenobarbital)	22 50
	Methadone	9250	Meprobamale	2620
	Morphine	9300	Meihohexital Midazolam	2264 2004
	Oplum, powdered Oplum, raw	9639	Oxazapam Paraidehyde	2635
	Oxycodone	9143	Paraldehyde	2565
	Oxymorphone	9652	Pemoline Pentazocine	1530 9709
	Poppy Straw Poppy Straw Concentrate	9671 9670	Phenobarbital	2205
	Poppy Straw Concentrate Thebaine	9333	Pheniermine	1640
			Prazepam Quazepam	2764 2661
	NON-NARCOTIC BASIC CLASSES	CODE	Temazepam	2925
	Amobarbital	2125	Triazolam	2007
	Amphetamine	1100	Zolpidem	2763
	Mathamphatamina Mathatra addate	1105		
	Methylphenidate Pentobarbital	1724 2270	SCHEDULEY	
	Phencyclidine (PCP)	7471	SCHEDULE V	
	Phenmetrazine	1631		CODE
	Phenylacetone Secobarbital	8501 2315	Codeline Cough Preparation (200mg/100mi or 100g)	9100

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. "Bedronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial instruction to transfer funds from your account for much called a make an electronic fund transfer is check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information 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.

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 between the dataset op to we then. Transaction hibromation: 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 Abject: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authoritzed or is otherwise incorrect. Consumers have protections under Federal isw called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

transfer.

NEW INST - Page 4

Form-224a	RENEWAL APPLICATION FOR REGISTRATION APPROV Under the Controlled Substances Act	VED OMB NO 11 FORM DEA-224	
INSTRUCTIONS	1. To renew by mail complete this application. Keep a copy for your records.     2. Print clearly, using black or blue ink, or use a typewriter.     3. Section 5 should be completed only if your information has changed.     4. Mail this form to the address provided in Section 6 or use enclosed envelope.     5. Include the correct payment amount. FEE IS NON-REFUNDABLE.     6. If you have any questions call 800-882-9639 prior to submitting your application.     7. Save time - renew online at www.deadiversion.usdoj.gov.  IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE.		
	FEE IS NON-REFUND	ABLE	2
SECTION 1 DRUG SCHEDULES Check all that apply		dule IV dule V	
SECTION 2	Check this box if you need official order forms - for the purchase of schedule if narootic/schedule li non-nar	rcotic controlled su	bstanc
SECTION 3	A. Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the the schedules for which you are applying under the laws of the state or jurisdiction in which you are operatin YES NO	controlled subst g or propose to o	ances operat
Be sure to include both state license numbers if applicable	State License Num	ber	
	State Control	ed Substance ber (if required)	
	B. Has the applicant ever been convicted of a crime in connection with controlled substances under state	YES	NO
IMPORTANT: If you answered yes to thes question(s) on previous application, you must	B. Has the applicant ever been convicted of a crime in connection with controlled substances under sta or federal law? se C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revo suspended, restricted, or denied?	YES te	NO
IMPORTANT: If you answered yes to thes question(s) on previous	<ul> <li>B. Has the applicant ever been convicted of a crime in connection with controlled substances under sta or federal law?</li> <li>C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revo suspended, restricted, or denied?</li> <li>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 pen E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the pul association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convict</li> </ul>	YES te bked, ance ding? blic), ted of a blic), an of a blic) f a blic), ted of a bli	
IMPORTANT: If you answered yes to thes question(s) on previous application, you must continue to answer yes and provide a statement of explanation. All questions in this section must be answered. SECTION 4	<ul> <li>B. Has the applicant ever been convicted of a crime in connection with controlled substances under sta or federal law?</li> <li>C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revorsuspended, restricted, or denied?</li> <li>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 pen</li> <li>E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the pul association partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convict crime in connection with controlled substances under state or federal law, or ever surrendered, for cause and rederal controlled substance registration revoked, suspended, denied, restricted or play probation?</li> </ul>	YES te bked, ance ding? blic), ted of a blic), an of a blic) f a blic), ted of a bli	
IMPORTANT: If you answered yes to thes guestion(s) on previous application, you must continue to answer yes and provide a statement of explanation. All questions in this section must be answered.	<ul> <li>B. Has the applicant ever been convicted of a crime in connection with controlled substances under sta or federal law?</li> <li>See C. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revocusion suspended, restricted, or denied?</li> <li>D. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revocusion revocusion revocation of the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revocked, suspended, denied, restricted, or placed on probation? Is any such action pen</li> <li>E. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the pul association partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convict crime in connection with controlled substances under state or federal law, or ever surrendered, for cause had a federal controlled substance registration revoked, suspended, denied, restricted or had a state rederal law, or ever surrendered, for cause had a federal controlled substances under state or federal law, or ever surrendered, for cause had a federal controlled substance registration revoked, suspended, denied, restricted or had a state or forestricted. Jenied, or ever had a professional license or controlled substance registration revoked, suspended, denied, restricted or had a state or federal law.</li> </ul>	YES te bked, ance ding? blic), ted of a blic), an of a blic) f a blic), ted of a bli	NO

SECTION 5	LashNama at the state of the Profession Name at the state of the	
CHANGES TO	Last Name (if registration is for individual) -OR- BUSINESS Name (if registration is for business)	
APPLICANT IDENTIFICATION		
	First Name and Middle Initial	
DEBT COLLECTION INFORMATION	Tax Identification Number (if registration is for business) Social Security Number (if registration is for	ior individual)
Mandatory pursuant to Debt Collection		Provide SSN or TIN. See note #3 on
Improvements Act	Address Line 1 (street address)	bottom of page 2
IMPORTANT	Address Line 2	
Leave this section blank unless the		
registration information on	City Sta	ate Zip Code
front page is incorrect.		
	B rsiness Phone Number Business Fax Number	
SECTION 6	Make check payable to: Drug Enforcement Administration	
METHOD OF	Check See page 4 of instructions for important information.	
PAYMENT	American Express Discover Master Card Visa	Mail this form with payment to:
Check one form of payment only	American Express Discover Master Card Visa Credit Card Number	U.S. Department of Justice
		P.O. Box 105616
		Atlanta, GA 30348-5616
Sign if paying by credit card	Signature of Card Holder	FEE IS NON-REFUNDABLE
	Printed Name of Card Holder	
SECTION 7	Check this box if the applicant is a federal, state, or local government operated hospital, i Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Se	institution or official. ection 5, if it is not already on your
CERTIFICATION OF EXEMPTION	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Se current registration certificate.	ection 5, if it is not already on your
CERTIFICATION	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Second secon	ection 5, if it is not already on your
CERTIFICATION OF EXEMPTION from application fee	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Se current registration certificate. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.	ection 5, if it is not already on your
CERTIFICATION OF EXEMPTION from application fee	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Se current registration certificate. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.	ection 5, if it is not already on your
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)	ection 5, if it is not already on your operated hospital, institution or official, late
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)	ection 5, if it is not already on your
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)	ection 5, if it is not already on your operated hospital, institution or official, late
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)       D         Print or type name and title of certifying official       Te         I certify that the foregoing information furnished on this application is true and correct.       I	ection 5, if it is not already on your operated hospital, institution or official, late
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the oertifying official SECTION 8 APPLICANT'S	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Securem registration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)       D         Print or type name and title of certifying official       Te	ection 5, if it is not already on your operated hospital, institution or official, late
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the oertifying official SECTION 8 APPLICANT'S SIGNATURE	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)       D         Print or type name and title of certifying official       Te         I certify that the foregoing information furnished on this application is true and correct.       I	ection 5, if it is not already on your operated hospital, institution or official, late
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the oertifying official SECTION 8 APPLICANT'S SIGNATURE	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.         The undersigned hereby certifies that the application fee.         Signature of certifying official (other than applicant)         D         Print or type name and title of certifying official         I certify that the foregoing information furnished on this application is true and correct.         Signature of applicant         Print or type name and title of applicant         WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or	ection 5, if it is not already on your operated hospital, institution or official, tate elephone No. (required for verification) Date r intentionally furnishes false or
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Security registration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)       D         Print or type name and title of certifying official       Te         I certify that the foregoing information furnished on this application is true and correct.       Signature of applicant         Print or type name and title of applicant       WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is subject to imprisonment for not more than four years, a fine of the application is sub	ection 5, if it is not already on your operated hospital, institution or official, tate elephone No. (required for verification) Date r intentionally furnishes false or
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Security registration certificate.         The undersigned hereby certifies that the applicant named hereon is a federal, state or local government of and is exempt from payment of the application fee.         Signature of certifying official (other than applicant)         Print or type name and title of certifying official         I certify that the foregoing information furnished on this application is true and correct.         Signature of applicant         Print or type name and title of applicant         WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of issued unless a completed application form has been received (21 CFR 1301.13).	ection 5, if it is not already on your operated hospital, institution or official, late alephone No. (required for verification) Date rintentionally furnishes false or not more than \$30,000, or both. plays a valid OMB control number. The
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Securrent registration certificate.           The undersigned hereby certifies that the application fee.           Signature of certifying official (other than applicant)           D           Print or type name and title of certifying official           I certify that the foregoing information furnished on this application is true and correct.           Signature of applicant           Print or type name and title of applicant           Vertify that the foregoing information furnished on this application is true and correct.           Signature of applicant           Print or type name and title of applicant           WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is required to respond to a collection of information unless it dis instructions, searching existing data sources, gathering and maintaining the data needed, and completing and inprovements Act of 1906 (PL 104-134) voir Travier out furning your Taxpayer (dentifying Number and/or Science and a completing and maintaining the data needed, and completing and inprovements Act of 1906 (PL 104-134) voir Travier your Travier (dentifying Number and/or Science and science)	ection 5, if it is not already on your operated hospital, institution or official, late lephone No. (required for verification) Date rintentionally furnishes false or not more than \$30,000, or both. plays a valid OMB control number. The ereage 12 minutes per response, including reviewing the collection or information.
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Secure tregistration certificate.           The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.           Signature of certifying official (other than applicant)         D           Print or type name and title of certifying official         Te           I certify that the foregoing information furnished on this application is true and correct.         Signature of applicant           Signature of applicant         Te           Print or type name and title of applicant         Te           WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is required to respond to a collection of information unless it dis instructions, searching existing data sources, gathering and maintaining the data needed, and completing and instructions, searching existing data sources, gathering and maintaining Number and/or Soci d for deb collection procedures should your fee become uncollectable.	ection 5, if it is not already on your opperated hospital, institution or official, wate elephone No. (required for verification) Date r intentionally furnishes false or not more than \$30,000, or both.
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink 1. No registration will be i 2. In accordance with the valid OMB control num the time for reviewing i 3. The Debt Collection Im This number is require 4. PRIVACY ACT INFOR AUTHORITY: PURPOSE:	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Security requires that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.           The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.           Signature of certifying official (other than applicant)         D           Print or type name and title of certifying official         Te           I certify that the foregoing information furnished on this application is true and correct.         Signature of applicant           Print or type name and title of applicant         WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of issued unless a completed application form has been received (21 CFR 1301.13).           Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it dis ther for this collection is 1117-0014. Public reporting burden for this collection of information uses it dis network. Reduction Act of 1995, no person is required to respond to a collection of information uses and inprovements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer identifying Number and/or Soci d for debt collection right and unders should your the become uncollectable.           MATION         Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Imp taxpayer identifying number and/or Social security number). To obtain information required to register applicants p	ection 5, if it is not already on your opperated hospital, institution or official, late elephone No. (required for verification) Date rintentionally furnishes false or not more than \$30,000, or both. plays a valid OMB control number. The rerage 12 minutes per response, including reviewing the collection of information. al Security Number on this application. wrovements Act of 1998 (PL 104-134) (for 970.
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Security requires that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.           The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.           Signature of certifying official (other than applicant)         D           Print or type name and title of certifying official         Te           I certify that the foregoing information furnished on this application is true and correct.         Signature of applicant           Print or type name and title of applicant         WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or frauduent information in the application is subject to imprisonment for not more than four years, a fine of issued unless a completed application form has been received (21 CFR 1301.13).           Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it dis ther for this collection is 1117-0014. Public reporting burden for this collection of information unless it dis network. Reduction Act of 1996, no person is required to respond to a collection of information unless it dis further this collection of an on person is required to respond to a collection of information unless it dis network and uper and/or Soci dor det collection provements Act of 1996, no person is required to respond to a collection of information unless it dis further of the det of the collection provements and to say and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Imp taxpayer identifying number and/or Soci dor det to	ection 5, if it is not already on your opperated hospital, institution or official, late elephone No. (required for verification) Date rintentionally furnishes false or not more than \$30,000, or both. plays a valid OMB control number. The rerage 12 minutes per response, including reviewing the collection of information. al Security Number on this application. wrovements Act of 1998 (PL 104-134) (for 270. tical analytical purposes. Disclosures of
CERTIFICATION OF EXEMPTION from application fee Provide the name and phone number of the certifying official SECTION 8 APPLICANT'S SIGNATURE Sign in ink 1. No registration will be i 2. In accordance with the valid OMB control num the time for reviewing i 3. The Debt Collection Im This number is require 4. PRIVACY ACT INFOR AUTHORITY: PURPOSE:	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in Security registration certificate.           The undersigned hereby certifies that the applicant named hereon is a federal, state or local government or and is exempt from payment of the application fee.           Signature of certifying official (other than applicant)         D           Print or type name and title of certifying official         Te           I certify that the foregoing information furnished on this application is true and correct.         Signature of applicant           Signature of applicant         Print or type name and title of applicant           WARNING: Section 843(a)(4)(A) of Title 21. United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of 1995 no person is required to reporting burden for this collection of information unless it dis ther for this collection is 1117-0014. Public reporting burden for this collection of information unless it dis ther for this collection procedures should your fee become uncollectable.           MATION         Section 303 of the Controlled Substances Act of 1970. No this collection for formation and/or Social did for debt collection procedures should your fee become uncollectable.           MATION         Section 302 and 303 of the Controlled Substances Act of 1970. To obtain information required to Register applicants pursuant to the Controlled Substances Act Registration Records produees special reports as required for statistic requires that replicating and maintaining the data needed, and completing and provements Act of 1980 (PL 104-134) requires that you frumish you	ection 5, if it is not already on your opperated hospital, institution or official, late elephone No. (required for verification) Date r intentionally furnishes false or not more than \$30,000, or both. plays a valid OMB control number. The verage 12 minutes per response, including reviewing the collection of information. al Security Number on this application. wovements Act of 1998 (PL 104-134) (for 970. tical analytical purposes. Disclosures of osses.

-----

Form-224a	APPLICATION Supplementary In:										
ADDITIONAL INSTRUCTIONS	requirement		loes not overrule state re	chedules to be handled. He estrictions. Check the orde							
		SECTION 2. ORDER FORMS - Order forms will be mailed to the registered address following issuance of a Certificate of Registration.									
	Applicants s controlled s	should contact the local ubstance number, prov	state licensing authority	d upon the applicant 's com y prior to completing this ap application. If a state licen ate "No".	oplication. If your state	requires a separate					
				he application to be accept I. If additional space is req							
	reduce data or new phor is required; number (SS	entry errors. Enter cha ne numbers. Fee exen after the street address N) on record is correct.	anges in previously prov npt individuals should lis s a post office box may . If renewing a business	orrections ONLY must be t rided registration informatio t the name and address of be included. Individuals re entity, a valid tax identifica the Debt Collection Impro	n, such as name chang the fee exempt institut newing should ensure t ation number (TIN) mus	ge, address correction, on. A physical address hat the social security					
				payment. Make checks pay not be accepted. FEES AR							
	operated ho	spitals, institutions and	officials. The applicant	t of application fee is limite 's superior or agency office al (other than the applicant)	er must certify exempt s	cal government tatus. The signature,					
	SECTION 8. APPLICANT	"S SIGNATURE - Must	t be the original signatur	e (in ink) of the applicant.							
CONTACT INFORMATION	1. INTERNET: 2. TELEPHONE: 3. WRITTEN INQUIRIES:	Headquarters Call Drug Enforcement P.O. Box 28083 Washington, D.C.	l Center: (800) 882-9539 t Administration 20038-8083	0	.gov						
	4. DEA OFFICES: DEA O			S.O.							
	ATLANTA DIVISION OFF ATTN: Registration 75 Spring Street, SW, Sui Atlanta, GA 30303		DETROIT DIVISION Q 431 Howard Street Detroit, MI 48226	$\mathcal{O}$ .	PHILADELPHIA DIVI William J. Green Fed 600 Arch Street, Roor Philadelphia, PA 1910	eral Building n 10224					
	North Carolina (8)	88) 869-9935 88) 219-8689 36) 533-6983	Kentucky Michigan Ohio	(800) 230-6844 (800) 230-6844 (800) 230-6844	Delaware Pennsylvania	(888) 393-8231 (888) 393-8231					
	Tennessee (8) BOSTON DIVISION OFFI JFK Federal Building	88) 219-7898	EL PASO DIVISION C El Paso Federal Justic 600 South Mesa Hills El Paso, TX 79912	e Center	PHOENIX DIVISION 3010 N. 2nd Street, S Phoenix, AZ 85012						
	15 New Sudbury Street, F Boston, MA 02203-0131	Room E400	New Mexico	(915) 832-6014	Arizona SAN DIEGO DIVISIO	(800) 741-0902					
	Maine (8	17) 557-2200 88) 272-5174 17) 557-2468	HOUSTON DIVISION 1433 West Loop South Houston, TX 77027-95	h, Suite 600	4560 Viewridge Aven San Diego, CA 92123	le					
	New Hampshire (888) 272-5174 Rhode Island (617) 557-2200 Texas (S. & Central) (800) 7		California (Southern)	(800) 284-1152							
	CARIBBEAN DIVISION O P.O. Box 2167	88) 272-5174	LOS ANGELES DIVIS 255 East Temple Stree Los Angeles, CA 9001	BION OFFICE et, 20th Floor	SAN FRANCISCO DI 450 Golden Gate Ave P.O. Box 36035 San Francisco, CA 94	nue, 14th Floor					
	San Juan, PR 00922-216		California (S. Central)	(213) 621-6960 (888) 415-9822	California (Northern)	(888) 304-3251					
		87) 775-1766 87) 775-1766 FICE	Hawaii Nevada Trust Territory	(888) 415-9822 (888) 415-9822 (213) 894-2216	SEATTLE DIVISION 400 Second Avenue, Seattle, WA 98119						
	Kluczynski Federal Buildir 230 S. Dearborn Street, S Chicago, IL 80804	ng	MIAMI DIVISION OFF 8400 N.W. 53rd Street Miami, FL 33166		Alaska Idaho	(888) 219-4261 (888) 219-4261 (888) 219-4261					
		12) 353-1234 12) 353-1236	Florida	(305) 590-4880	Oregon Washington	(888) 219-4261 (888) 219-1418					
.0	Minnesota (3 North Dakota (3	12) 353-9166 12) 353-9166 12) 353-1236	NEWARK DIVISION 0 80 Mulberry Street, 2n Newark, NJ 07102		ST. LOUIS DIVISION 317 South 16th Stree St. Louis, MO 63103	OFFICE					
N	DALLAS DIVISION OFFI 10160 Technology Blvd., I Dallas, TX 75220	CE East	New Jersey	(888) 356-1071 SION OFFICE	lowa Kansas Missouri	(888) 803-1179 (888) 803-1179 (888) 803-1179 (888) 803-1179					
		88) 336-4704 88) 336-4704	3838 N. Causeway Bh Lakeway III, Suite 180 Metairie, LA 70002		Nebraska South Dakota	(888) 803-1179 (888) 803-1179					
7	DENVER DIVISION OFFI 115 Inverness Drive, East Englewood, CO 80112		Alabama Arkansas Louisiana Mississippi	(888) 514-8051 (888) 514-7302 (888) 514-7302 (888) 514-7302	WASHINGTON, D.C. Techworld Plaza 800 K Street, N.W., S Washington, D.C. 200	uite 500					
	Montana (80 Utah (80	D0) 326-6900 D0) 326-6900 D0) 326-6900 D0) 326-6900 D0) 326-6900	NEW YORK DIVISION 99 Tenth Avenue New York, NY 10011		District of Columbia Maryland Virginia West Virginia	(877) 801-7974 (877) 330-6870 (877) 801-7974 (877) 330-6870					
			New York	(877) 883-5789 (212) 337-1593 (212) 337-1594							
RENEWAL INST - Page	3			12.2/001-1004							

DRUG SCHEDULES	Listed below are examples of the schedules with assig or contact the DEA office serving your area.	ned drug code nu	mbers. If you are in need of additional information, see 21 C	CFR 1308
	SCHEDULE I		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
	Acetorphine Acetylmethadol Allylopodine Alphacetylmethadol (except LAAM) Bufotenine Dextromoramide Diethyltryptamine (DET) 2,5 - Dimethoxyamphetamine (DMA) Dimethyltryptamine (DMT) Etorphine (except hydrochloride salt) gamma-Hydroxybutyrio acid (except drug product) Heroin Ibogaine Ketobernidone Lysergic acid diethylamide (LSD)	9319 9601 9602 9603 7433 9813 7434 7396 7435 9056 2010 9200 7200 9228 7315	Buprenorphine Codeine up to 90 mg/du plus other ingredients Dihydrocodeineup to 90 mg/du plus other ingredients Ethylmoorphine up to 15 mg/du plus other ingredients Mydrocodene up to 15 mg/du plus other ingredients Morphine up to 50 mg/100ml or gm plus other ingred. Opium up to 500 mg/100m. plus other active ingred. NON-NARCOTIC BASIC CLASSES Anabolic Steroids Benzphetamine Butaibital Dronabinol Pharmaceutical Product GHB Drug Product (gamma-Hydroxybutyric acid Ketamine	9064 9319 9807 9808 9808 9808 9810 9809 9809 9000 1228 2100 7389 2010 7285
	Marihuana Mescaline Methaqualone 3.4 - Methylenedioxymethamphetamine (MDA) 3.4 - Methylenedioxymethamphetamine (MDMA) n- Ethyl - 1 - Phenylcyclohexylamine (PCE) Peyote 1 - (1-Phenylcyclohexyl)pyrrolidine (PCP) Psilocybin Psilocyn Tetrahydrocannabinols (THC) 1-[1-(2-Thienyl)-cyclohexyl]-piperidine	7380 7381 2585 7400 7405 7455 7455 7415 7458 7437 7438 7437 7438 7437 7438	Methyprylon Pentobarbital plus noncontrolled active ingredients Pentobarbital suppository Phendimetrazine Secobarbital plus noncontrolled active ingredients Secobarbital suppository Thiopental Vinbarbital	2575 2271 2271 1615 2316 2318 2329 2329 2335
	· [. (= · · · · · · · · · · · · · · · · · ·		NARCOTIC BASIC CLASSES	CODE
	SCHEDULE II		Dextropropoxyphene du Difenoxin 1mg/25ug atropine SO4/du	9278 9167
	NARCOTIC BASIC CLASSES	CODE 9010	NON-NARCOTIC BASIC CLASSES	CODE
	Anileridine Cocaine Codeine Dextropropoxyphene (bulk) Diphenoxylate Diprenorphine (M50-50) Ethylmorphine Etorphine Hydrochloride (M-99) Glutethimide Hydrocodone Hydrocorphone	9020 9041 9050 9273 9170 9058 9190 9059 2550 9193 9193 9193 9193 9193 9193	Alpizolaim Barbita Chlordiazepoxide Glorazepate Diazepam Diethylpropion Fenfluramine Flurazepam Halazepam Lorazepam	2882 2145 2465 2744 2768 2765 1810 1670 2767 2762 2885
	Lévo-alphacetylmethadol (LAAM) Levorphanol Meperidine Methadone Morphine Opium, powdered Opium, raw Oxycodone Oxymorphone Poppy Straw Poppy Straw Concentrate Thebaine	9046 9220 9230 9250 9300 9600 9439 9600 9143 9652 9671 9670 9333	Mazindol Mebutamate Mephobarbital (Methylphenobarbital) Methohexital Midiazolam Oxazepam Paraldehyde Pemoline Pentazocine Phenobarbital Phentermine	1605 2800 2250 2820 2884 2884 2835 2585 1530 9709 2285 1640
	NON-NARCOTIC BASIC CLASSES Amobarbital Amphetamine	CODE 2125 1100	Prazepam Quazepam Temazepam Triazolam Zolpidem	2784 2881 2925 2887 2783
	Methamphetamine Methylphenidate Pentobarbital Phenogolidine (PCP) Phenometrazine Phenometrazine	1105 1724 2270 7471 1831 8501	SCHEDULE V	CODE
	Phenylacetone Secobarbital	2315	Codeine Cough Preparation (200mg/100ml or 100g)	9100
Authorization to Convert the term used to refer to check. By sending your transfer from your accou your check.	the process in which we electronically instruct your financial completed, signed check to us, you authorize us to copy yo int for the same amount as the check. If the electronic fund	al institution to tran our check and to us transfer cannot be	e converted into an electronic fund transfer. "Electronic fund sfer funds from your account to our account, rather than pro se the account information from your check to make an elect processed for technical reasons, you authorize us to proce nich is faster than a check is normally processed. Therefore	cessing your tronic fund ss the copy of
may try to make the tran Transaction Information:	sfer up to two times. The electronic fund transfer from your account will be on t	he account statem	stronic funds transfer cannot be completed because of insuff ent you receive from your financial institution. However, the mple, it may appear under "other withdrawals" or "other trans	transfer may

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

RENEW AL INST - Page 4

\_\_\_\_

	-		APPROVED OMB NO 1117-0015
	Form-363	APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	FORM DEA-363 (11-05) Previous editions are obsolete
	INSTRUCTIONS		
	INSTRUCTIONS	<ol> <li>To apply by mail complete this application. Keep a copy for your records.</li> <li>Print clearly, using black or blue ink, or use a typewriter.</li> <li>Section 1 should be completed only if your information has changed.</li> <li>Mail this form to the address provided in Section 8 or use enclosed envelope.</li> <li>Include the correct payment amount. FEE IS NON-REFLUNDABLE.</li> <li>If you have any questions contact 800-982-9538 prior to submitting your applicat</li> <li>Section 2. Section 2. Sect</li></ol>	REGISTRATION INFORMATION :
		<ol> <li>Mail this form to the address provided in Section 8 or use enclosed envelope.</li> <li>Include the correct payment amount. FEE IS NON-REFUNDABLE.</li> </ol>	
		<ol> <li>If you have any questions contact sub-ss2-ss39 phor to submitting your applicat</li> <li>Save time - apply online at www.deadiversion.usdoj.gov.</li> </ol>	lon.
		IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.	
			$\mathbf{O}$
			Fee for 1 year is \$130
	CECTION 4		FEE IS NON-REFUNDABLE
	SECTION 1 APPL	ICANT TIFICATION	
	Business or Facility	Name (If registration is for business entity or is fee exempt)	
	Business or Facility	Name 2 ("doing business as", continuation of business name, or name of	e exempt institution)
	Address Line 1 (stre	et address)	
	Address Line 2		
	City		State Zlp Code
	Business Phone Nu	mber Business Fax Number	
		LHIII,G`LIIHIIHIII	
	DEBT COLLECTION INFORMATION	Tax Identification Number	
	Mandatory pursuant to Debt Collection Improvements Act		See note #3 on bottom of page 2.
	SECTION 2	NTP - Maintenance	- Compounder / Maintenance
	BUSINESS ACTIVITY	NTP - Detoxification	- Compounder / Detoxification
	Check one box only	NTP - Maintenance and Detoxtfloation	- Compounder / Maintenance and Detoxification
	SECTION 3	Schedule II Sch	edule III
	DRUG SCHEDULES	Check this box if you require official order forms - for purchase or transfe	r of schedule II controlled substances
	Check airthat apply		
×		re you currently authorized by the Food and Drug Administration for the bu	siness activity described in this application?
S	FDA PERMIT Mandatory for approval	YES PENDING NO	FDA Number
	SECTION 5 Are the s	you currently authorized to prescribe, distribute, dispense, conduct researc schedules for which you are applying under the laws of the state or jurisdict	h, or otherwise handle the controlled substances in ion in which you are operating or propose to operate?
×	STATE LICENSE(S)	YES, I have a licence	State License Number
		NOT REQUIRED by this state	License Number
		NEW - Page 1	

-----

SECTION 6	1. Has the applicant ever been convicted of a crime in connection with controlled substances	YES NO
LIABILITY	<ol><li>Has the applicant ever surrendered (for cause) or had a federal controlled substance regist restricted, or denied?</li></ol>	ration revoked, suspended,
IMPORTANT: All questions in	<ol> <li>Has the applicant ever surrendered (for cause) or had a state professional license or contro revolved, suspended, denied, restricted, or placed on probation? Is any such action pend</li> </ol>	lied substance registration
this section must be answered.	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted controlled substances under state or rederied law, or ever surrendered. For cause, or had a te registration revoked, suspended, restricted, denied, or ever had a state professional license registration revoked, suspended, denied, restricted or placed on probation?	by the public), association, of a crime in connection with
EXPLANATION OF "YES" ANSWERS	Date(s) of incident: Location(s) of incident:	
Applicants who have answered "YES" to any of the four question above must provide a statement to explain such answers	Nature of incident:	2
Use this space or attack a separate sheet and return with application	Result of incident:	
SECTION 7	Check this box if the applicant is a federal, state, or local government-operated narodic Be sure to enter name and address of the exempt institution in Section 1.	treatment program.
CERTIFICATION OF EXEMPTION from application fee	The undersigned hereby certifies that the applicant named hereon is a federal state or local treatment program, and is exempt from payment of the application fee.	government-operated narcotic
Provide the name and phone number of the certifying official	Signature of certifying official (other than applicant)	late
	Print or type name and title of certifying official	elephone No. (required for vertilication)
SECTION 8 METHOD OF	Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.	
PAYMENT Check one form of	American Express Discover Master Card Visa	Mall this form with payment to
payment only	Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administratio P.O. Box 28063
Sign If paying by credit card	S	Washington DC 20038-8083
civatcala	Signature of Card Holder	FEE IS NON-REFUNDABLE
	Printed Name of Card Holder	
SECTION 9	I certify that the foregoing information furnished on this application is true and correct.	
APPLICANT'S		Data
Sign in ink	Signature of applicant	Date
101	Print or type name and title of applicant WARNING: Section 643(a)(4)(A) of Title 21, United States Code states that any person who knowingly or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of	
<ol> <li>The Debt Collection I This number is require</li> <li>PRIVACY ACT INFO</li> </ol>		no reviewing the collection of information. locial Security Number on this application.
	taxpayer identifying number and/or social security number).	
AUTHORIT PURPOSE: ROUTINE U	To obtain information required to register applicants pursuant to the Controlled Substances Act of	ntistical analytical purposes. Disclosures of d: purposes. purposes.

Form-363	APPLICATION FOR REGISTRATION Supplementary Instructions and Information
ADDITIONAL INSTRUCTIONS	SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors.
	Fee exempt applicant should list the name and address of the fee exempt institution. A physical address is required; a post office box may be included after the street address.
	Applicant must enter a valid tax identification number (TIN). Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.
	SECTION 2. BUSINESS ACTIVITY. Indicate only one.
	SECTION 3. DRUG SCHEDULES - Applicant should check all drug schedules to be handled However, applicant must still comply with state requirements; federal registration does not overrule state restrictions.
	Check the order form box only if you intend to purchase or to transfer schedule II controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.
	SECTION 4. FDA PERMIT - Authorization by the Food & Drug Administration is mandatory for DEA Registration approval. Enter the status of your FDA authorization and the FDA number.
	SECTION 5. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant 's compliance with applicable state and local laws.
	Applicant should contact the local state licensing authority prior to completing this application. Check that you are currently authorized by the state and provide your state license number. If state licensing is not required, indicate "Not required by this state".
	SECTION 6. LIABILITY - Applicant must answer all four questions for the application to be accepted for processin
	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 7. CERTIFICATE OF EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government-operated narootic treatment program.
	The applicant's superior or againcy officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided.
	SECTION 8. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted.
	FEES ARE NON-REFUNDABLE.
	SECTION 9. APPLICANT'S SIGNATURE - Must be the original signature (in ink) of the applicant.

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

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

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

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

NEW INST - Page 3

\_\_\_\_

—		Supplementary Ins	truction	s and Informat	on		
	ONTACT	1. INTERNET:		Information car	be found on our web si	te at www.deadiversion.u	usdoj.gov
IN	FORMATION	2. TELEPHONE:		Headquarters (	Call Center: (800) 882-9	539	
		3. WRITTEN INQUIF	RES:	Drug Enforcem P.O. Box 2808 Washington D	ent Administration 3 C 20038-8083		
_		4. DEA OFFICES: D	EA Office	-	w (800, 877, and 888 ar	e toll-free numbers).	
	ATLANTA DIVISI	ON OFFICE	DETR	OIT DIVISION	OFFICE	PHILADELPHIA DIV	ISION OFFICE
	ATTN: Registratio 75 Spring Street,			oward Street it, MI 48226		William J. Green Fed 600 Arch Street, Roo	eral Building
	Atlanta, GA 30303	3			(000) 000 0044	Philadelphia, PA 1910	06
	Georgia	(888) 869-9935	Kentu Michie		(800) 230-6844 (800) 230-6844	Delaware	(888) 393-823
	North Carolina South Carolina	(888) 219-8689 (866) 533-6983	Ohio		(800) 230-6844	Pennsylvania	(888) 393-823
	Tennessee	(888) 219-7898		SO DIVISION (		PHOENIX DIVISION 3010 N. 2nd Street, S	
	BOSTON DIVISIO		600 S	outh Mesa Hills	Drive, Suite 2000	Phoenix, AZ 85012	Julie Sel
	JFK Federal Build 15 New Sudbury	Street, Room E400		so, TX 79912		Arizona	(800) 741-09
	Boston, MA 02203	3-0131		vexico	(915) 832-6014	SAN DIEGO DIVISIO	
	Connecticut Maine	(617) 557-2200 (888) 272-5174		STON DIVISION West Loop Sout		4560 Viewridge Aven San Diego, CA 92123	
	Massachusetts New Hampshire	(617) 557-2468 (888) 272-5174	Houst	on, TX 77027-9	506	California (Southern	(800) 284-115
	Rhode Island Vermont	(617) 557-2200	Texas	(S. & Central)	(800) 743-0595	SAN FRANCISCO D	. ,
		(888) 272-5174	LOS	ANGELES DIVI	SION OFFICE	450 Golden Gate Ave	
CARIBBEAN DIV P.O. Box 2167			255 E Los A	ast Temple Stre ngeles, CA 900	et, 20th Floor 2	P.O. Box 36035 San Francisco, CA 94	4102
	San Juan, PR 009	922-2167	Califo	rnia (S. Central)	(213) 621-6960	California (Northern)	(888) 304-325
	Puerto Rico U.S. Virgin Islands	(787) 775-1766	Haw a Neva	ii 🐪 🔪 🕅	(888) 415-9822 (888) 415-9822	SEATTLE DIVISION	. ,
	CHICAGO DIVISI	. ,		Territory	(213) 894-2216	400 Second Avenue, Seattle, WA 98119	
	Kluczynski Federa	al Building	MIAN	I DIVISION OF	ICE		10000 040 401
	230 S. Dearborn S Chicago, IL 60604			N.W. 53rd Stree FL 33166	t	Alaska Idaho	(888) 219-426 (888) 219-426
	Illinois	(312) 353-1234	Elorid	a	(305) 590-4880	Oregon Washington	(888) 219-426 (888) 219-141
	Indiana Minnesota	(312) 353-1236 (312) 353-9166	NEW	ARK DIVISION	. ,	ST. LOUIS DIVISION	. ,
	North Dakota Wisconsin	(312) 353-9466	80 Mu	ilberry Street, 2i rk. NJ 07102		317 South 16th Stree St. Louis, MO 63103	
		(312) 353-1236			(000) 250 4074		(000) 000 447
	DALLAS DIVISIO 10160 Technology			Jersey	(888) 356-1071	kowa Kansas	(888) 803-1179 (888) 803-1179
	Dallas, TX 75220	5	3838	ORLEANS DIV N. Causeway Bl	vd	Missouri Nebraska	(888) 803-1179 (888) 803-1179
	Oklahoma Texas (Northern)	(888) 336-4704 (888) 336-4704		vay III, Suite 180 rie, LA 70002	0	South Dakota	(888) 803-1179
	DENVER DIVISIO		Alaba		(888) 514-8051	WASHINGTON, D.C. Techworld Plaza	DIVISION OFFI
	115 Inverness Dri Englewood, CO 8	ve, East	Arkan Louisi	sas	(888) 514-7302 (888) 514-7302	800 K Street, N.W., S Washington, D.C. 200	
			Missia		(888) 514-7302	0	
.*.	Colorado Montána	(800) 326-6900 (800) 326-6900		YORK DIVISIO	NOFFICE	District of Columbia Maryland	(877) 801-797 (877) 330-667
$  \rangle$	Utah Wyoming	(800) 326-6900 (800) 326-6900		nth Avenue /ork, NY 10011		Virgínia West Virginia	(877) 801-797 (877) 330-667
$\sim$		- •	New		(877) 883-5789	2	
					(212) 337-1593 (212) 337-1594		
					1212/001-1084		
2							
				NEW IN	ST - Page 4		
				NEW IN	21 - 1. alle 4		

\_\_\_\_\_

Form-363a	RENEWAL APPLICATION FOR REGIS Under the Narcotic Addict Treatment Act of		APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05) Previous editions are obsolete
INSTRUCTIONS	<ol> <li>To apply by mail complete this application. Keep a copy for your 2. Print clearly, using black or blue ink, or use a typewriter.</li> <li>Section 1 should be completed only if your information has chan 4. Mail this form to the address provided in Section 7 or use enclos 5. Include the correct payment amount. FEE IS NON-REFUNDABI 6. If you have any questions contact 800-482-939 prior to submitt 7. Save time - renew online at www.deadiversion.usdoj.gov.</li> </ol>	ged. ed envelope. LE.	REGISTRATION INFORMATION : DEA # REGISTRATION EXPIRES
	IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY O	NLINE.	
			1/9/2
			FEE IS NON-REFUNDABLE
	ICANT TIFICATION		
Business or Facility	Name (if registration is for business entity or is fee exempt)		
Business or Facility	Name 2 ("doing business as", continuation of business name	e, or name of fee ex	empt institution)
Address Line 1 (stro	et address)		
Address Line 2			
City			State Zip Code
Busine as Phone Nu	mber But ness Frix Number		
DEBT COLLECT ON INFORMATION	Siax Identification Number		
Mandatory pursuan to Debt Collection Improvements Act			See note #3 on bottom of page 2.
SECTION 2	Schedule II Schedule III		
DRUG SCHEDULES Check all that apply	Charle this have if you approve affinial and a farmer of		
	Check this box if you require official order forms - for pure	hase or transfer of so	nedule II controlled substances.
SECTIONS	re you currently authorized by the Food and Drug Administra	tion for the busines	s activity described in this application?
FDA PERMIT Y Mandatory for approval	ES PENDING NO		FDA Number
110			
SECTION 4 Are the	you currently authorized to prescribe, distribute, dispense, co chedules for which you are applying under the laws of the st	nduct research, or ate or jurisdiction ir	otherwise handle the controlled substances in which you are operating or propose to operate?
STATE LICENSE(S)	YES, I have a license		State License Number
	NOT REQUIRED by this state		

SECTION 5	1. Has the applicant ever been convicted of a crime in connection with controlled substances und	er state or federal law?		
LIABILITY	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registratio	n revoked, suspended,		
IMPORTANT: All guestions in	restricted, or denied? 3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?	substance registration		
	revoked, suspended, denied, restricted, or placed on probation? Is any such action pending? 4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by t partnershop, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of controlled substances under state or federal law, or ever surrendered, for cause, or had a federa registration revoked, suspended, restricted, denied, or ever had a state professional license or or registration revoked, suspended, denied, restricted or placed on probation?			
	registration revoked, suspended, restricted, denied, or ever had a state professional license or or registration revoked, suspended, denied, restricted or placed on probation?	ontrolled substance		
EXPLANATION OF "YES" ANSWERS	Date(s) of incident: Location(s) of incident:			
Applicants who have answered "YES" to any of the four question: above must provide a statement to explain	Nature of incident:	1/3		
such answers Use this space or attach				
a separate sheet and return with application	Result of incident:			
	_	$\wedge$		
SECTION 6 CERTIFICATION	Check this box if the applicant is a federal, state, or local government-operated narcotic freat Be sure to enter name and address of the exempt institution in Section 1.	ment program.		
OF EXEMPTION from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local gov treatment program, and is exempt from payment of the application fee.	ernment-operated narcotic		
Provide the name and phone number of the certifying official	Signature of certifying official (other than applicant)			
	Print or type name and title of certifying official Telep	hone No. (required for verification)		
SECTION 7				
SECTION 7	Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information			
PAYMENT Check one form of	American Express Discover Master Card Visa	Mail this form with payment to:		
payment only	Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administratio		
		P.O. Box 28083 Washington DC 20038-8083		
Sign if paying by credit card	Signature of Card Holder	FEE IS NON-REFUNDABLE		
	Printed Name of Card Holder			
SECTION 8	I certify that the foregoing information furnished on this application is true and correct.			
APPLICANT'S SIGNATURE	Signature of applicant D	ate		
Sign in ink	Print or type name and title of applicant			
N	WARING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly or inter fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not n	tionally furnishes false or		
		ore than \$30,000, or both.		
<ol><li>In accordance with the valid OMB control nut</li></ol>	issued unless a completed application form has been received (21 CFR 1301.13). e Paperwork Reduction Act of 1996, no person is required to respond to a collection of information unless it disp høer for this collection is 1117-0015. Public reporting burden for this collection of information is estimated to ave	rage 30 minutes per response, including		
3. The Debt Collection I	instructions, searching existing data sources, gathering and maintaining the data needed, and completing and re mprovements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social ed for debt collection procedures should your fee become uncollectable.	eviewing the collection of information. Security Number on this application.		
4. PRIVACY ACT INFOR AUTHORITY	RMATION Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Impro	vements Act of 1996 (PL 104-134) (for		
PURPOSE: ROUTINE U	taxpayer identifying number and/or social security number). To obtain information required to register applicants pursuant to the Controlled Substances Act of 197 SES: The Controlled Substances Act Registration Records produces special reports as required for statistic			
ROOTINE	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 purpos B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purpo	25.		

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

#### Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer found transfer account for the same amount as the check.

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

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

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

RENEWAL INST - Page 3

Form-363a	APPLICATION FOR RENEWAL Supplementary Instructions and Information					
CONTACT	1. INTERNET:		Information ca	n be found on our web	site at www.deadiversion	.usdoj.gov
INFORMATION	2. TELEPHONE:		Headquarters	Call Center: (800) 882	-9539	
	3. WRITTEN INQUI	RIES:	Drug Enforcer P.O. Box 280 Washington D	nent Administration 33 IC 20038-8083		
	4. DEA OFFICES: D	)EA Offic			are toll-free numbers).	
ATLANTA DIVIS ATTN: Registratio 75 Spring Street, Atlanta, GA 3030	on SW, Suite 800	431 Detro	ROIT DIVISION Howard Street oit, MI 48226		PHILADELPHIA DI William J. Green Fe 600 Arch Street, Ro Philadelphia, PA 19	deral Building
Georgia North Carolina South Carolina	(888) 869-9935 (888) 219-8689 (866) 533-6983		tucky ligan	(800) 230-6844 (800) 230-6844 (800) 230-6844	Delaware Pennsylvania	(888) 393-8231 (888) 393-8231
Tennessee BOSTON DIVISI	(888) 219-7898	EI Pa 600	ASO DIVISION aso Federal Just South Mesa Hill:		PHOENIX DIVISION 3010 N. 2nd Street, Phoenix, AZ 85012	
JFK Federal Buil 15 New Sudbury Boston, MA 0220	Street, Room E400		aso, TX 79912 Mexico	(915) 832-6014	Arizona	(800) 741-090
Connecticut Maine Massachusetts New Hampshire Rhode Island	(617) 557-2200 (888) 272-5174 (617) 557-2468	HOU 1433	ISTON DIVISIO 3 West Loop Sou ston, TX 77027-1	N OFFICE th, Suite 600	SAN DIEGO DIVISI 4560 Viewridge Ave San Diego, CA 9212	nue
	(617) 557-2200		ston, TX 77027-3 as (S. & Central)		California (Southern	. ,
Vermont CARIBBEAN DI P.O. Box 2167		255	ANGELES DIV East Temple Str Angeles, CA 900	eet 20th Floor	SAN FRANCISCO I 450 Golden Gate Av P.O. Box 36035 San Francisco, CA S	enue, 14th Floor
San Juan, PR 00 Puerto Rico	(787) 775-1766	Calif Haw	iornia (S. Centra	) (213) 621-6960 (888) 415-9822	California (Northern	) (888) 304-325
U.S. Virgin Island	U.S. Virgin Islands (787) 775-1766 CHICAGO DIVISION OFFICE		Nevada Trust Territory (213) 894-2216		SEATTLE DIVISION 400 Second Avenue Seattle, WA 98119	
Kluczynski Feder	ral Building Street, Suite 1200	8400	MI DIVISION OF ) N.W. 53rd Stre ni, FL 33166		Alaska Idaho Oregon	(888) 219-4261 (888) 219-4261 (888) 219-4261
Illinois Indiana	(312) 353-1234 (312) 353-1236	Flori	da	(305) 590-4880	Washington	(888) 219-1418
Minnesota North Dakota Wisconsin	(312) 353-9166 (312) 353-9166 (312) 353-9166 (312) 353-1236	80 N	WARK DIVISION Mulberry Street, 2 ark, NJ 07102	OFFICE nd Floor	ST. LOUIS DIVISIO 317 South 16th Stre St. Louis, MO 63103	et
DALLAS DIVISIO 10160 Technolog		New	Jersey	(888) 356-1071	lowa Kansas	(888) 803-1179 (888) 803-1179
Dallas, TX 7522ປັ Oklahoma	(888) 336-4704	3838 Lake	V ORLEANS DIN 3 N. Causeway E eway III, Suite 18	ilvd	Missouri Nebraska South Dakota	(888) 803-1179 (888) 803-1179 (888) 803-1179
Texas (Northern) DENVER DIVISI 115 Inverness Dr Englewood, CO	ON OFFICE	Alab Arka	airie, LA 70002 ama Insas siana	(888) 514-8051 (888) 514-7302 (888) 514-7302	WASHINGTON, D.C Techworld Plaza 800 K Street, N.W., Washington, D.C. 20	Suite 500
Colorado Montana	(800) 326-6900 (800) 326-6900	Miss NEW	issippi V YORK DIVISIO	(888) 514-7302	District of Columbia Maryland	(877) 801-7974 (877) 330-6670
Utah Wyoming	(800) 326-6900 (800) 326-6900	New	enth Avenue York, NY 10011		Virginia West Virginia	(877) 801-7974 (877) 330-6670
7.		New	York	(877) 883-5789 (212) 337-1593 (212) 337-1594		
•						
			DENE	VAL INST - Page 4		