U.S.DEPARTMENT OF JUSTICE - Drug Enforcement Administration

APPLICATION FOR REGISTRATION

Under Controlled Substances Act of 1970

INSTRUCTIONS FOR COMPLETING FORM DEA-224

This form is for new applicants only and not for renewal of registration.
This application is for a three year registration period. See form for fee amount.

ADDRESS BLOCK - Information must be TYPED or PRINTED in the blocks provided. The manner in which information is placed on the application is the way your Certification of Registration will read. Please use the street address of proposed business. ***WHEN USING A P.O. BOX YOU MUST ALSO PROVIDE A STREET ADDRESS.***

TAX IDENTIFYING NUMBER AND/OR SOCIAL SECURITY NUMBER - The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable.

Item 1 - ***BUSINESS ACTIVITY -*** Indicate only one.

Retail Pharmacy: Name of Pharmacy must appear in address block.
Hospital/Clinic: Applicants applying for Hospital/Clinic registration should check with local state licensing authority to ensure they meet state requirements for that activity.
Practitioner: Furnish professional degree in the space provided, next to Practitioner business activity (e.g., DDS, DO, DVM, MD, etc.)
Teaching Institution: Registration as a Teaching Institution authorizes purchase and possession of controlled substances for instructional purposes only. Practitioners or Teaching Institutions desiring to conduct research with any Schedule I substance must obtain a "Researcher" registration by submitting Form DEA-225 with applicable fee.
Mid-Level Practitioner: Furnish professional degree in the space provided, next to Mid-Level Practitioner business activity (e.g., PA, NP, OD, NH AMB, AS, etc.)

Item 2 - ***ORDER FORM BOOKS -*** Indicate only if you intend to purchase or transfer Schedule II substances. Order form books will be issued to you upon issuance of your DEA registration.

Item 3 - ***DRUG SCHEDULES -*** Indicate schedule(s) of controlled substance(s) pertaining to your business activity and those that you intend to handle.

Item 4 - ***STATE LICENSURE -*** Federal registration by DEA is based upon the applicant being in compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application. If your state requires a separate controlled substance license, provide the number. If you have applied for state license and it has not been issued, indicate "Pending". If state licensing authority is not required, indicate "NA". All applicants must answer Items 4 (a), (b), (c), (d), and (e). If any are answered "YES", except 4(a), include a statement using the space provided in item 5 on the reverse of the application. Mid-Level Practitioners (Nurse Practitioners, Physicians Assistants, etc.) must also complete item 4(f).

Item 5 - ***EXPLANATION FOR ANSWERING "YES" TO ITEM(S) 4 (b), (c), (d), (e).***

Item 6 - ***METHOD OF PAYMENT -*** Indicate desired method of payment. Make check payable to Drug Enforcement Administration. Checks drawn on foreign banks will not be accepted. If a credit card is used, provide the number, type of card (VISA or MasterCard), signature, and expiration date. ***Application fees are not refundable.***

Item 7 - ***FEE EXEMPTION*** - Exemption from payment of application fee is limited to federal, state, or local government operated hospitals, institutions, or officials. The address on the application must be that of the affiliated federal, state, or local government; the signature and title of a supervisor ***(other than applicant)*** must appear on the application.

Item 8 - ***APPLICANT SIGNATURE*** - Must be completed with an original signature in ink.

NOTE: Initial registration period will not be less than 28 months nor more than 39 months. Once your DEA registration is issued, a renewal application is automatically mailed to you 45 days prior to your expiration date. Any change of address must be reported to the DEA. Renewal applications are ***not*** forwarded.

WARNING: ***Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than $30,000.00 or both.***

In accordance with the Paperwork Reduction Act of 1995, no person required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection of information is 111-0014. Public reporting burden for this collection of information is estimated to average 12 minutes per response , including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

▼ ***PRINT YOUR NUMBERS AND LETTERS AS INDICATED BELOW*** ▼

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	0	1	2	3	4	5	6	7	8	9

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

SCHEDULE I

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

SCHEDULE II

NARCOTIC BASIC CLASSES	CODE
Alphaprodine	9010
Anileridine	9020
Cocaine	9041
Codeine	9050
Dextropropoxyphene (bulk)	9273
Diphenoxylate	9170
Diprenorphine (M50-50)	9058
Ethylmorphine	9190
Etorphine Hydrochloride (M-99)	9059
Glutethimide	2550
Hydrocodone	9193
Hydromorphone	9150
Levo-alphacetylmethadol (LAAM)	9648
Levorphanol	9220
Meperidine	9230
Methadone	9250
Morphine	9300
Opium, powdered	9639
Opium, raw	9600
Oxycodone	9143
Oxymorphone	9652
Poppy Straw	9671
Poppy Straw Concentrate	9670
Thebaine	9333

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

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Codeine up to 90mg/du + other ingred.	9804
Dihydrocodeine up to 90mg/du + other	9807
Ethlmorphine up to 15mg/du + other	9808
Hydrocodone up to 15mg/du + other	9806
Morphine up to 50mg/100ml or gm + other	9810
Opium up to 500mg/100ml + other active ingred.	9809

NON NARCOTIC BASIC CLASSES	CODE
Anabolic Steroids	4000
Benzphetamine	1228
Butalbital	2100
Dronabinol Pharmaceutical Product	7369
Ketamine	7285
Methyprylon	2575
Pentobarbital + noncontrolled active ingred.	2271
Pentobarbital suppository	2271
Phendimetrazine	1615
Secobarbital + noncontrolled active ingred.	2316
Secobarbital suppository	2316
Thiopental	2329
Vinbarbital	2335

SCHEDULE IV

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

NON NARCOTIC BASIC CLASSES	CODE
Alprazolam	2882
Barbital	2145
Chloral Hydrate	2465
Chlordiazepoxide	2744
Clorazepate	2768
Diazepam	2765
Diethylpropion	1610
Fenfluramine	1670
Flurazepam	2767
Halazepam	2762
Lorazepam	2885
Mazindol	1605
Mebutamate	2800

SCHEDULE IV (cont'd)

	CODE
Mephobarbital	2250
Meprobamate	2820
Methohexital	2264
Midazolam	2884
Oxazepam	2835
Paraldehyde	2585
Pemoline	1530
Pentazocine	9709
Phenobarbital	2285
Phentermine	1640
Prazepam	2764
Quazepam	2881
Temazepam	2925
Triazolam	2887
Zolpidem	2783

SCHEDULE V

	CODE
Buprenorphine	9064
Codeine Cough Preparation	9100

READ INSTRUCTIONS BEFORE COMPLETING
USE BLACK INK

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

APPROVED OMB NO. 1117-0014
FORM DEA-224 (11-00)
Previous editions are obsolete

NAME: APPLICANT OR BUSINESS (LAST)

(First, MI)

No registration will be issued unless a completed application form has been received (21 CFR 1301.13).

TAX IDENTIFYING NUMBER and/or SOCIAL SECURITY NUMBER

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or Social Security Number to DEA. This number is required for debt collection procedures should your fee become uncollectable.

PROPOSED BUSINESS ADDRESS *(When using a P.O. Box you must also provide a street address)*

CITY

STATE

ZIP CODE

APPLICANT'S BUSINESS PHONE NUMBER

APPLICANT'S FAX NUMBER

FOR DEA USE ONLY

REGISTRATION CLASSIFICATION

1. BUSINESS ACTIVITY: (Fill-in Circle)

A. ◯ RETAIL PHARMACY
B. ◯ HOSPITAL/CLINIC
C. ◯ PRACTITIONER - (Specify professional degree, e.g., DDS, DO, DVM, MD, etc.)
D. ◯ TEACHING INSTITUTION (Instructional purposes only)
M. ◯ MID-LEVEL PRACTITIONER (MLP) (Specify professional degree, e.g. PA, NP, OD, NH, AMB, AS, etc.)

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS. ◯

3. DRUG SCHEDULES: **(Fill-in all circles that apply)**

◯ SCHEDULE II NARCOTIC ◯ SCHEDULE II NON NARCOTIC ◯ SCHEDULE III NARCOTIC ◯ SCHEDULE III NON NARCOTIC ◯ SCHEDULE IV ◯ SCHEDULE V

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

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

◯ Yes - State License No. ◯ PENDING ◯ N/A

◯ Yes - State Controlled Substance No. ◯ PENDING ◯ N/A

(b) Has the applicant ever been convicted of a crime in connection with controlled substances under state or federal law? ◯ YES ◯ NO

(c) Has the applicant ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied? ◯ YES ◯ NO

(d) Has the applicant ever surrendered or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending? ◯ YES ◯ NO

(e) If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or place on probation? ◯ YES ◯ NO ◯ N/A

ATTACH CHECK HERE

ATTENTION ▶ **FEE IS $390 FOR 3 YRS**

Continued on Reverse ▶

4. CONTINUED

(f) MLP only: Applicant is authorized to engage in the following controlled substance activites by the **state** in which applicant practices. (Fill-in all circles that apply.)

	Prescribe	Administer	Dispense	Procure*		Prescribe	Administer	Dispense	Procure*
SCHEDULE II NARCOTIC	○	○	○	○	SCHEDULE III NON NARCOTIC	○	○	○	○
SCHEDULE II NON NARCOTIC	○	○	○	○	SCHEDULE IV	○	○	○	○
SCHEDULE III NARCOTIC	○	○	○	○	SCHEDULE V	○	○	○	○

*Procure means to individually obtain controlled substances by purchase or receipt of samples from a manufacturer or distributor. It does not include receipt of controlled substances from, or pursuant to an order from a collaborating or supervising physician.

5. EXPLANATION FOR ANSWERING "YES" TO ITEM(S) 4(b), (c), (d), OR (e). Applicants who have answered "YES" to item(s) 4(b), (c), (d), or (e) are required to submit a statement explaining such response(s). The space provided below should be used for this purpose. If additional space is needed, use a separate sheet and return with application.

6. PAYMENT METHOD (Fill-in only one circle)

○ VISA ○ MASTER CARD ○ CHECK

FEES ARE NOT REFUNDABLE

CREDIT CARD NUMBER

EXPIRATION DATE

SIGNATURE OF CARD HOLDER

7. CERTIFICATION FOR FEE EXEMPTION (Fill-in Circle)

○ **FILL-IN CIRCLE IF APPLICANT NAMED HEREON IS A FEDERAL, STATE, OR LOCAL GOVERNMENT OPERATED HOSPITAL, INSTITUTION, OR OFFICIAL. The undersigned hereby certifies that the applicant named hereon is a federal, state or local government operated hospital, institution , or official, and is exempt from payment of the application fee.**

SIGNATURE OF CERTIFYING OFFICIAL **(Other than applicant)**	DATE
PRINT OR TYPE NAME OF CERTIFYING OFFICIAL	PRINT OR TYPE TITLE OF CERTIFYING OFFICIAL

8. APPLICANT SIGNATURE (*must be an original signature in ink*) ► **Remove form from package before signing**

SIGNATURE	DATE

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

Print or Type Name

Print or Type Title (e.g., President, Dean, Procurement Officer, etc...)

MAKE A COPY FOR YOUR RECORDS.

RETURN COMPLETED APPLICATION WITH FEE IN ATTACHED ENVELOPE

MAKE CHECK OR MONEY ORDER PAYABLE TO

DRUG ENFORCEMENT ADMINISTRATION

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
P. O. BOX 530295
ATLANTA, GA 30348-0295

For information, call 1 (800) 882-9539
See "Privacy Act" Information on last page of application.

DEA OFFICES (800, 877 and 888 are toll free numbers)

ATLANTA DIVISION OFFICE
Attn: Registration
75 Spring Street, SW, Room 740
Atlanta, GA 30303

Georgia	(888) 219-7898
North Carolina	(888) 219-8689
South Carolina	(888) 219-8689
Tennessee	(888) 219-7898

BOSTON DIVISION OFFICE
JFK Federal Bldg., Room E-400
15 New Sudbury Street
Boston, MA 02203-0131

Connecticut	(617) 557-2200
Maine	(617) 557-2200
Massachusetts	(617) 557-2200
New Hampshire	(617) 557-2200
Rhode Island	(617) 557-2200
Vermont	(617) 557-2200

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

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

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

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

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

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

DENVER DIVISION OFFICE
115 Inverness Drive East
Englewood, CO 80112

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

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

New Mexico	(800) 743-0595
Texas (South + Central)	(800) 743-0595

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

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

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

Florida	(800) 667-9752

NEWARK DIVISION OFFICE
80 Mulberry Street
Newark, NJ 07102

New Jersey	(888) 356-1071

NEW ORLEANS DIVISION OFFICE
Three Lake Way
3838 N. Causeway Boulevard, Suite 1800
Metairie, LA 70002

Alabama	(888) 514-7302 or 8051
Arkansas	(888) 514-7302 or 8051
Louisana	(888) 514-7302 or 8051
Mississippi	(888) 514-7302 or 8051

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

New York	(877) 883-5789

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

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

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

Arizona	(800) 741-0902

SAN DIEGO DIVISION OFFICE
4560 Viewridge Avenue
San Diego, CA 92123-1672

California (Southern)	(800) 284-1152

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

California (Northern)	(888) 304-3251

SEATTLE DIVISION OFFICE
400 Second Avenue West
Seattle, WA 98119

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

ST LOUIS DIVISION OFFICE
United Missouri Bank Building
7911 Forsyth Boulevard, Suite 500
St. Louis, MO 63105

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

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

District of Columbia	(877) 801-7974
Maryland	(410) 962-7580
Virginia	(877) 801-7974
West Virginia	(410) 962-7580

HEADQUARTERS
United States Department of Justice
Drug Enforcement Administration
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

(800) 882-9539

NOTE: Additional information can be found on the Internet, www.deadiversion.usdoj.gov

Title 21, United States Code, Section 827(g) requires all registrants to report any changes of professional or business address to the DEA. Notification of address changes must be make in writing to the DEA office which has jurisdiction for your registered location. Direct requests for the following actions to the address listed for your state. 1. Request a modification to your DEA Registration (address change), 2. Request order form books, 3. Status of pending application.

PRIVACY ACT INFORMATION

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvement Act of 1996 (PL 104-134) (for federal taxpayer identifying number and/or social security number).

PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970.

ROUTINE USES: The Controlled Substances Act Registration Records produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following categories of users for the purposes stated:

A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes.
B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes.
C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the registration of customers and practitioners.

EFFECT: Failure to complete form will preclude processing of the application