

APPLICATION FOR REGISTRATION UNDER CONTROLLED SUBSTANCES ACT OF 1970

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

READ INSTRUCTIONS BEFORE COMPLETING
USE BLACK INK

NAME: APPLICANT OR BUSINESS (LAST)

(First, MI)

TAX IDENTIFYING NUMBER

and/or

SOCIAL SECURITY NUMBER

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. <input type="radio"/> RETAIL PHARMACY B. <input type="radio"/> HOSPITAL/CLINIC C. <input type="radio"/> PRACTITIONER - (Specify professional degree, e.g., DDS, DO, DVM, MD, etc.) D. <input type="radio"/> TEACHING INSTITUTION (Instructional purposes only) M. <input type="radio"/> 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. <input type="radio"/>
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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 ▶

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

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.

