United States Department of Justice
Drug Enforcement Administration
Office of Diversion Control

Practitioner's Manual

An Informational Outline of the Controlled Substances Act

2006 Edition

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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 understanding of the Federal Controlled Substances Act and its implementing regulations as they pertain to the practitioner's profession.

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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.

This Document is Authorized for Public Dissemination

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 propoxyphene (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 must 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
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

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 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 Form 223 Duplicate Certificate Login:

DEA Number (**Required** - Not Case Sensitive)

Last Name or Business Name (**Required** - Not Case Sensitive)
As it appears on your registration. Example:
If "Smith, John Q MD" is on your registration, then enter: **Smith**
If "Smith's, Pharmacy" is on your registration, then enter: **Smith's**
If "Smith's Pharmacy" (no comma) is on your registration,
then enter: **Smith's Pharmacy**

SSN (**Required** if given on application)

Tax ID (**Required** if given on application)

Note: If you renewed your registration recently, your duplicate certificate may not contain the new expire date, as some processing time is required.

Login

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
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

Drug Registration > ODWIF

Registration Applications

Office of Diversion Control Web Interactive Forms (ODWIF)

RENEWAL APPLICATIONS

Log-in to Begin Renewal Process	Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner, Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter, Domestic Chemicals
Obtain Receipt	This link may be used ONLY if you have previously submitted a Renewal Application through this tool and need an additional receipt.
Duplicate Certificate	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
- 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 use the PDF version of the form, 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

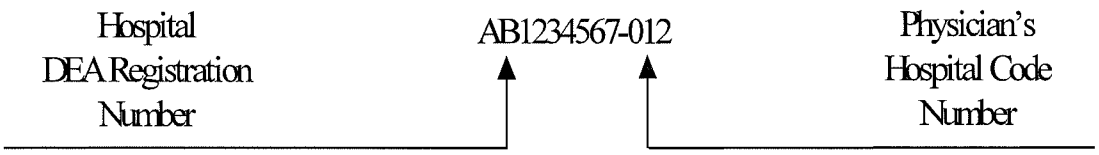
In determining the public interest, the CSA states the following factors are to be considered:

1. The recommendation of the appropriate state licensing board or professional disciplinary authority
2. 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):



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 circumstances, the Federal Government practitioner will not be eligible for the fee exemption and must pay a fee for the registration.

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.

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 administered in the course of maintenance or detoxification treatment 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 III–V compounds may be transferred via invoice. The practitioner should maintain copies of the records documenting the transfer and disposal of controlled substances for a period of two years.

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:

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

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.

SECTION VI – OPIOID (NARCOTIC) ADDICTION TREATMENT PROGRAMS

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

Practitioners wishing to administer and dispense approved Schedule II controlled substances (that is, methadone) for maintenance and detoxification treatment must obtain a separate DEA registration as a Narcotic Treatment Program. Application for registration as a Narcotic Treatment Program is made using DEA Form 363. In addition to obtaining this separate DEA registration, this type of activity also requires the approval and registration of the Center for Substance Abuse Treatment (CSAT) within the Substance Abuse and Mental Health Services Administration (SAMHSA) of the Department of Health and Human Services (HHS), as well as the applicable state methadone authority.

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

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

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

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

If the practitioner has a patient who is in need of addiction treatment, but does not wish to treat the individual, the practitioner can refer the patient to an existing facility through the following website: www.findtreatment.samhsa.gov.

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.

APPENDIX B

Questions and Answers

The following questions are those that are frequently encountered by DEA's Office of Diversion Control and its field units. These questions and their accompanying answers are provided in context of the CSA and its federal regulations.

Q Are separate registrations required for separate locations?

A A separate registration is required for each principal place of business or professional practice where controlled substances are stored or dispensed by a person.

Q Does a practitioner need a separate registration to treat patients at remote health care facilities?

A Separate registration is not required in an office used by a practitioner (who is registered at another location) where controlled substances are prescribed but neither administered nor otherwise dispensed as a regular part of the professional practice of the practitioner at such office, and where no supplies of controlled substances are maintained.

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

A An individual practitioner who is an agent or employee of another practitioner (other than a mid-level practitioner) registered to dispense controlled substances may, when acting in the normal course of business or employment, administer or dispense (other than by issuance of prescription) controlled substances if and to the extent that such individual practitioner is authorized or permitted to do so by the jurisdiction in which he or she practices, under the registration of the employer or principal practitioner in lieu of being registered him/herself.

Q Do medical residents assigned to hospitals need to register?

A An individual practitioner who is an agent or employee of a hospital or other institution may, when acting in the normal course of business or employment, administer, dispense, or prescribe controlled substances under the registration of the hospital or other institution which is registered in lieu of being registered provided that additional requirements as set forth in the CFR are met.

Q Are military personnel exempted from registration?

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

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

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

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

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

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

Q What should a practitioner do if he/she discovers a theft or loss?

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

Q What is meant by "acceptable medical practice?"

A The legal standard that a controlled substance may only be prescribed, administered, or dispensed for a legitimate medical purpose by a physician acting in the usual course of professional practice has been construed to mean that the prescription must be "in accordance with a standard of medical practice generally recognized and accepted in the United States."

Federal courts have long recognized that it is not possible to expand on the phrase "legitimate medical purpose in the usual course of professional practice" in a way that will provide definitive guidelines to address all the varied situations physicians may encounter.

While there are no criteria to address every conceivable instance of prescribing, there are recurring patterns that may be indicative of inappropriate prescribing:

- An inordinately large quantity of controlled substances prescribed or large numbers of prescriptions issued compared to other physicians in an area;
- No physical examination was given;
- Warnings to the patient to fill prescriptions at different drug stores;
- Issuing prescriptions knowing that the patient was delivering the drugs to others;
- Issuing prescriptions in exchange for sexual favors or for money;
- Prescribing of controlled drugs at intervals inconsistent with legitimate medical treatment;
- The use of street slang rather than medical terminology for the drugs prescribed; or
- No logical relationship between the drugs prescribed and treatment of the condition allegedly existing.

Each case must be evaluated based on its own merits in view of the totality of circumstances particular to the physician and patient.

For example, what constitutes "an inordinately large quantity of controlled substances," can vary greatly from patient to patient. A particular quantity of a powerful Schedule II opioid might be blatantly excessive for the treatment of a particular patient's mild temporary pain, yet insufficient to treat the severe unremitting pain of a cancer patient.

Q What information is required to be provided on a written prescription?

A All written prescriptions for controlled substances must be dated as of, and signed on, the date when issued. Each prescription must indicate the full name and address of the patient, the drug name, strength, dosage form, quantity prescribed,

directions for use and the name, address, and DEA number of the practitioner. Further, prescriptions must be written in ink, indelible pencil, or by typewriter, and must be manually signed by the practitioner.

Q What is meant by "date of issuance?"

A The date a prescription is issued is the same date that the prescribing practitioner actually writes and signs the prescription.

Q Is there a time limit for filling Schedule II prescriptions?

A There is no federal time limit for filling Schedule II prescriptions. However, some state laws do set time limits.

APPENDIX C

Summary of Controlled Substances Act Requirements

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

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

* **Emergency prescriptions** require a signed follow-up prescription.
Exceptions: A facsimile prescription serves as the original prescription when issued to residents of Long Term Care Facilities, Hospice patients, or compounded IV narcotic medications.

** Where authorized by state controlled substances authority.

APPENDIX D

Internet Resources

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

DEA Homepage
www.dea.gov

U.S. Government Printing Office
www.gpoaccess.gov/cfr/index.html

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

Office of National Drug Control Policy (ONDCP)
www.whitehousedrugpolicy.gov

Food and Drug Administration
www.FDA.gov

HHS & SAMHSA's National Clearinghouse for Alcohol and Drug Information
www.health.org

SAMHSA/CSAT
www.csat.samhsa.gov

Federation of State Medical Boards
www.FSMB.org

National Association of Boards of Pharmacy
www.nabp.net

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

APPENDIX E

Drug Enforcement Administration
Diversion Field Office Locations

For address and telephone number updates, please see the DEA website:
www.deadiversion.usdoj.gov/offices_n_dirs/index.html

Appendix E pages 34-39 of this manual contained outdated Field Office Information and therefore have been removed. Please refer to the above link for current Diversion Field Office Locations.

APPENDIX F

Small Business and Agriculture Regulatory Enforcement Ombudsman

The Small Business and Agriculture Regulatory Enforcement Ombudsman and 10 Regional Fairness Boards were established to receive comments from small businesses about federal agency enforcement actions. The Ombudsman will annually evaluate the enforcement activities and rate each agency's responsiveness to small business. If you wish to comment on DEA enforcement actions, you may contact the Ombudsman at 1-888-REG-FAIR (1-888-734-3247).

APPENDIX G

Additional Assistance

This publication is intended to provide guidance and information on the requirements of the Controlled Substances Act and its implementing regulations. If you require additional clarification or assistance, or wish to comment on any matter regarding the DEA's requirements or regulatory activities, please contact your local DEA Diversion field office (see Appendix E). Every effort will be made to respond promptly to your inquiry.

Plain Language

The Drug Enforcement Administration has made every effort to write this manual in clear, plain language. If you have suggestions as to how to improve the clarity of this manual, please contact us at:

Drug Enforcement Administration
Office of Diversion Control
Liaison and Policy Section
Washington, D.C. 20537
Telephone: (202) 307-7297

APPENDIX H – DEA FORMS

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

DEA Form 41 Registrants Inventory of Drugs Surrendered

DEA Form 106 Report of Theft or Loss of Controlled Substances

DEA Form 222 U.S. Official Order Form for Controlled Substances

DEA Form 224 Application for Registration

DEA Form 224a Renewal Application for DEA Registration

DEA Form 363 Application for Registration as a Narcotic Treatment Program

DEA Form 363a Renewal Application for DEA Registration as a Narcotic Treatment Program

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

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

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

Signature of applicant or authorized agent

Registrant's DEA Number

Registrant's Telephone Number

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

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

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

DEA-41 (5/1986) Pg. 2

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

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

DATE _____ DESTROYED BY: _____

** *Strike out lines not applicable.*

WITNESSED BY: _____

INSTRUCTIONS

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

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

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

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

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

PRIVACY ACT INFORMATION

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

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

REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES

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

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

OMB APPROVAL No. 1117-0001

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

2. Phone No. (Include Area Code)

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

4. Date of Theft or Loss

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

6. County in which Registrant is located

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

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

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

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

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

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

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

14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING:

A. Name of Common Carrier

B. Name of Consignee

C. Consignee's DEA Registration Number

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

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

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

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

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

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

PRIVACY ACT INFORMATION

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

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

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

CONTINUE ON REVERSE

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

LIST OF CONTROLLED SUBSTANCES LOST

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

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

Signature _____ Title _____ Date _____

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

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

TO: *(Name of Supplier)*	STREET ADDRESS
CITY and STATE	DATE

TO BE FILLED IN BY SUPPLIER
SUPPLIERS DEA REGISTRATION No.

LINE No.	TO BE FILLED IN BY PURCHASER: No. of Packages	Size of Package	Name of Item	National Drug Code	Packages Shipped	Date Shipped
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

◀ **LAST LINE COMPLETED** *(MUST BE 10 OR LESS)* | SIGNATURE OR PURCHASER OR ATTORNEY OR AGENT

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

DEA Form-222
(Oct. 1992)

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

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

Form-224

APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

APPROVED OMB NO 1117-0014
FORM DEA-224 (9-05)
Previous editions are obsolete

INSTRUCTIONS

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

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :

$390.00
FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

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

First Name (if registration is for individual) | Middle Initial

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

Address Line 1 (street address)

Address Line 2

City | State | Zip Code

Business Phone Number | Business Fax Number

DEBT COLLECTION INFORMATION
Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number (If registration is for business)

Social Security Number (If registration is for individual)

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

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

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

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

FOR Automated Dispensing System (ADS) ONLY:

DEA Registration # of Retail Pharmacy for this ADS

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

SECTION 3 DRUG SCHEDULES
Check all that apply

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

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

NEW - Page 1

SECTION 4

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

STATE LICENSE(S)

Be sure to include both state license numbers if applicable

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

SECTION 5

LIABILITY

IMPORTANT

All questions in this section must be answered.

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

EXPLANATION OF "YES" ANSWERS

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

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

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

Nature of Incident:

Result of Incident:

SECTION 6

CERTIFICATION OF EXEMPTION from application fee

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

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

Provide the name and phone number of the certifying official

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

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

SECTION 7

METHOD OF PAYMENT

Check one form of payment only

☐ Check Make check payable to: Drug Enforcement Administration
See page 4 of instructions for important information.

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number Expiration Date

Sign if paying by credit card

_____
Signature of Card Holder

_____
Printed Name of Card Holder

Mail this form with payment to:

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

FEE IS NON-REFUNDABLE

SECTION 8

APPLICANT'S SIGNATURE

Sign in ink

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

_____ _____
Signature of applicant Date

_____
Print or type name and title of applicant

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

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

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

NEW - Page 2

Form-224	APPLICATION FOR REGISTRATION Supplementary Instructions and Information

ADDITIONAL INSTRUCTIONS

SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. Fee exempt applications must list the name and address of the fee exempt institution. A physical address is required; after the street address a post office box may be included. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity.
Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

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

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

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

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

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

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

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

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

CONTACT INFORMATION

1. INTERNET

www.deadiversion.usdoj.gov

2. TELEPHONE

Headquarters Call Center
(800) 882-9539

3. WRITTEN INQUIRIES

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

4. DEA OFFICES

DEA Offices are listed
(800, 877, and 866
are toll-free numbers)

ATLANTA DIVISION OFFICE
ATTN: Registration
75 Spring Street, SW, Suite 600
Atlanta, GA 30303

Georgia	(888) 882-9835
North Carolina	(888) 219-6639
South Carolina	(866) 535-6955
Tennessee	(888) 219-7935

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

Connecticut	(617) 557-2200
Maine	(888) 272-5174
Massachusetts	(617) 557-2465
New Hampshire	(888) 272-5174
Rhode Island	(617) 557-2200
Vermont	(888) 272-5174

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

Puerto Rico	(787) 775-1799
U.S. Virgin Islands	(787) 775-1799

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

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

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

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

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

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

Kentucky	(800) 230-6544
Michigan	(800) 230-6544
Ohio	(800) 230-6544

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

New Mexico	(915) 832-6014

HOUSTON DIVISION OFFICE
1433 West Loop South, Suite 600
Houston, TX 77027-9508

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

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

California (S. Central)	(213) 621-6960
Hawaii	(888) 415-9622
Nevada	(888) 415-9622
Trust Territory	(213) 894-2216

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

Florida	(305) 590-4600

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

New Jersey	(888) 356-1071

NEW ORLEANS DIVISION OFFICE
3838 N. Causeway Blvd
Lakeway III, Suite 1500
Metairie, LA 70002

Alabama	(888) 514-6051
Arkansas	(888) 514-7300
Louisiana	(888) 514-7300
Mississippi	(888) 514-7300

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

New York	(877) 552-5769 (212) 337-1595 (212) 337-1594

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

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

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

Arizona	(800) 741-0902

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

California (Southern)	(800) 284-1152

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

California (Northern)	(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) 219-1415

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

Iowa	(888) 893-1179
Kansas	(888) 893-1179
Missouri	(888) 893-1179
Nebraska	(888) 893-1179
South Dakota	(888) 893-1179

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

District of Columbia	(877) 801-7974
Maryland	(877) 330-6870
Virginia	(877) 801-7974
West Virginia	(877) 330-6870

NEW INST - Page 3

DRUG SCHEDULES

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

SCHEDULE I

NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE
Acetorphine	9319
Acetylmethadol	9601
Allylprodine	9602
Alphacetylmethadol (except LAAM)	9603
Benzethidine	7433
Betacetylmethadol	9607
Betameprodine	9608
Betamethadol	9609
Betaprodine	9611
Clonitazene	9612
Dextromoramide	9613
Diethylthiambutene	9615
Diethyltryptamine (DET)	7434
Difenoxin	9168
Dimenoxadol	9605
Dimepheptanol	9543
Dimethylthiambutene	9616
Dimethyltryptamine (DMT)	7435
Dioxaphetyl butyrate	9622
Diphenoxylate	9170
Dipipanone	9636
Ethylmethylthiambutene	9623
Etonitazene	9624
Etoxeridine	9625
Furethidine	9626
Hydroxypethidine	9627
Ketobemidone	9628
Levomoramide	9629
Levophenacylmorphan	9631
Morpheridine	9632
Noracymethadol	9633
Norlevorphanol	9634
Normethadone	9635
Norpipanone	9636
Phenadoxone	9637
Phenampromide	9638
Phenomorphan	9647
Phenoperidine	9641
Piritramide	9642
Proheptazine	9643
Properidine	9644
Propiram	9649
Racemoramide	9645
Trimeperidine	9646
Acetyldihydrocodeine	9051
Benzylmorphine	9052
Codeine methylbromide	9070
Codeine-N-Oxide	9053
Desomorphine	9055
Dihydromorphine	9145
Etorphine (except hydrochloride salt)	9056
Heroin	9200
Hydromorphinol	9301
Methyldesorphine	9302
Methyldihydromorphine	9304
Morphine methylbromide	9305
Morphine methylsulfonate	9306
Morphine-N-Oxide	9307
Myrophine	9308
Nicocodeine	9309
Nicomorphine	9312
Normorphine	9313
Pholcodine	9314
Thebacon	9315
Drotebanol	9335
Amphetamine, its salts, optical isomers, and salts of its optical isomers	1100
Methamphetamine, its salts, optical isomers, and salts of its optical isomers	1105
Lisdexamfetamine, its salts, optical isomers, and salts of its optical isomers	1205
Methylphenidate	1724
Phencyclidine (PCP)	7471
Phenmetrazine	1631
Phenylacetone	8501
Gamma Hydroxybutyric Acid (GHB)	2010
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	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	9651
Poppy Straw Concentrate	9670
Thebaine	9333

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

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Buprenorphine	9064
Codeine up to 90 mg/du plus other ingredients	9051
Dihydrocodeine up to 90 mg/du plus other ingredients	9807
Ethylmorphine up to 15 mg/du plus other ingredients	9808
Hydrocodone up to 15 mg/du plus other ingredients	9806
Morphine up to 90 mg/100ml or gm plus other ingred.	9810
Opium up to 500 mg/100m. plus other active ingred.	9809

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

SCHEDULE IV

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

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

SCHEDULE V

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

Notice to Registrants Making Payment by Check

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

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

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

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

NEW INST - Page 4

Form-224a

RENEWAL APPLICATION FOR REGISTRATION
Under the Controlled Substances Act

APPROVED OMB NO 1117-0014
FORM DEA-224a (1-05)

INSTRUCTIONS

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

IMPORTANT: DO NOT SEND THIS APPLICATION AND RENEW ONLINE.

REGISTRATION INFORMATION :
DEA #
REGISTRATION EXPIRES

FEE IS NON-REFUNDABLE

SECTION 1
DRUG SCHEDULES
Check all that apply

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

SECTION 2

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

SECTION 3
STATE LICENSE(S)
Be sure to include both state license numbers if applicable

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

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

LIABILITY

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

All questions in this section must be answered.

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

SECTION 4
EXPLANATION OF "YES" ANSWERS

Applicants who have answered "YES" to questions B, C, D, or E above **must provide a statement to explain such answers**

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

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

Nature of incident:

Result of incident:

RENEWAL - Page 1

SECTION 5
CHANGES TO APPLICANT IDENTIFICATION

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

First Name and Middle Initial

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

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

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

Address Line 1 (street address)

IMPORTANT

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

Address Line 2

City State Zip Code

Business Phone Number Business Fax Number

SECTION 6
METHOD OF PAYMENT

Check one form of payment only

☐ Check Make check payable to: **Drug Enforcement Administration** See page 4 of instructions for important information.

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number Expiration Date

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

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

FEE IS NON-REFUNDABLE

SECTION 7
CERTIFICATION OF EXEMPTION from application fee

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

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

Provide the name and phone number of the certifying official

Signature of certifying official (other than applicant) Date

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

SECTION 8
APPLICANT'S SIGNATURE

Sign in ink

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

Signature of applicant Date

Print or type name and title of applicant

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

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

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

RENEWAL - Page 2

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

ADDITIONAL INSTRUCTIONS

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

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

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

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

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

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

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

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

CONTACT INFORMATION

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

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

Georgia	(888) 889-9936
North Carolina	(888) 219-8699
South Carolina	(866) 533-6983
Tennessee	(888) 219-7998

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

Connecticut	(617) 557-2200
Maine	(888) 272-5174
Massachusetts	(617) 557-2466
New Hampshire	(888) 272-5174
Rhode Island	(617) 557-2200
Vermont	(888) 272-5174

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

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

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

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

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

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

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

Colorado	(800) 326-6800
Montana	(800) 326-6800
Utah	(800) 326-6800
Wyoming	(800) 326-6800

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

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

New Mexico	(915) 832-6014

HOUSTON DIVISION OFFICE
1433 West Loop South, Suite 600
Houston, TX 77027-9508

Texas (S. & Central)	(800) 748-0595

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

California (S. Central)	(213) 621-6980
Hawaii	(888) 415-9822
Nevada	(888) 415-9822
Trust Territory	(213) 894-2216

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

Florida	(305) 590-4880

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

New Jersey	(888) 356-1071

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

Alabama	(888) 614-8051
Arkansas	(888) 614-7302
Louisiana	(888) 614-7302
Mississippi	(888) 614-7302

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

New York	(877) 992-5799 (212) 337-1593 (212) 337-1594

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

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

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

Arizona	(800) 741-0802

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

California (Southern)	(800) 284-1152

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

California (Northern)	(888) 304-3251

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

Alaska	(888) 219-4281
Idaho	(888) 219-4281
Oregon	(888) 219-4281
Washington	(888) 219-1419

ST. LOUIS DIVISION OFFICE
317 South 18th Street
St. Louis, MO 63103

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

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

District of Columbia	(877) 801-7974
Maryland	(877) 330-6870
Virginia	(877) 801-7974
West Virginia	(877) 330-6870

RENEWAL INST - Page 3

DRUG SCHEDULES

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

SCHEDULE I

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

SCHEDULE II

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

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

SCHEDULE III

NARCOTIC BASIC CLASSES	CODE
Buprenorphine	9064
Codeine up to 90 mg/du plus other ingredients	9319
Dihydrocodeineup to 90 mg/du plus other ingredients	9807
Ethylmorphine up to 15 mg/du plus other ingredients	9808
Hydrocodone up to 15 mg/du plus other ingredients	9806
Morphine up to 30 mg/100ml or gm plus other ingred.	9810
Opium up to 500 mg/100m. plus other active ingred.	9809

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

SCHEDULE IV

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

NON-NARCOTIC BASIC CLASSES	CODE
Alprzolam	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	2600
Mephobarbital (Methylphenobarbital)	2250
Meprobamate	2820
Methohexital	2264
Midazolam	2884
Oxazepam	2835
Paraldehyde	2585
Pemoline	1530
Pentazocine	9709
Phenobarbital	2285
Phentermine	1640
Prazepam	2764
Quazepam	2881
Temazepam	2925
Triazolam	2887
Zolpidem	2783

SCHEDULE V

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

Notice to Registrants Making Payment by Check

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

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

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

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

RENEWAL INST - Page 4

Form-363

APPLICATION FOR REGISTRATION
Under the Narcotic Addict Treatment Act of 1974

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

INSTRUCTIONS

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

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :

Fee for 1 year is $130
FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

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

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

Address Line 1 (street address)

Address Line 2

City | State | Zip Code

Business Phone Number | Business Fax Number

DEBT COLLECTION INFORMATION
Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

See note #3 on bottom of page 2

SECTION 2 BUSINESS ACTIVITY
Check one box only

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

SECTION 3 DRUG SCHEDULES
Check all that apply

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

SECTION 4 FDA PERMIT
Mandatory for approval

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

YES ☐ PENDING ☐ NO ☐

FDA Number

SECTION 5

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

STATE LICENSE(S)

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

State License Number

NEW - Page 1

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

EXPLANATION OF "YES" ANSWERS

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

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

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

Nature of Incident:

Result of Incident:

SECTION 7

CERTIFICATION OF EXEMPTION from application fee

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

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

Provide the name and phone number of the certifying official

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

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

SECTION 8

METHOD OF PAYMENT

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

Check one form of payment only

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number _____ Expiration Date ____ - ____

Sign if paying by credit card

_____ Signature of Card Holder

_____ Printed Name of Card Holder

Mail this form with payment to:

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

FEE IS NON-REFUNDABLE

SECTION 9

APPLICANT'S SIGNATURE

Sign in Ink

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

_____ Signature of applicant _____ Date

_____ Print or type name and title of applicant

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

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

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

NEW - Page 2

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

Notice to Registrants Making Payment by Check

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

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

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

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NEW INST - Page 3

Form-363 **APPLICATION FOR REGISTRATION**
Supplementary Instructions and Information

CONTACT INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

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

New Mexico	(915) 832-6014

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

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

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

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

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

Florida	(305) 590-4880

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

New Jersey	(888) 356-1071

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

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

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

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

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

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

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

Arizona	(800) 741-0902

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

California (Southern	(800) 284-1152

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

California (Northern)	(888) 304-3251

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

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

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

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

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

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

NEW INST - Page 4

Form-363a

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

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

INSTRUCTIONS

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

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.

REGISTRATION INFORMATION :
DEA #
REGISTRATION EXPIRES

FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

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

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

Address Line 1 (street address)

Address Line 2

City | State | Zip Code

Business Phone Number | Business Fax Number

DEBT COLLECTION INFORMATION

Mandatory pursuant to Debt Collection Improvements Act

Tax Identification Number

See note #3 on bottom of page 2.

SECTION 2 DRUG SCHEDULES

Check all that apply

☐ Schedule II ☐ Schedule III

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

SECTION 3 FDA PERMIT

Mandatory for approval

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

YES ☐ PENDING ☐ NO ☐

FDA Number

SECTION 4 STATE LICENSE(S)

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

☐ YES, I have a license

State License Number

☐ NOT REQUIRED by this state

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

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

EXPLANATION OF "YES" ANSWERS

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

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

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

Nature of incident:

Result of incident:

SECTION 6
CERTIFICATION OF EXEMPTION from application fee

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

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

Provide the name and phone number of the certifying official

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

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

SECTION 7
METHOD OF PAYMENT

Check one form of payment only

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

☐ American Express ☐ Discover ☐ Master Card ☐ Visa

Credit Card Number ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date ☐☐ - ☐☐

Sign if paying by credit card

_____
Signature of Card Holder

_____
Printed Name of Card Holder

Mail this form with payment to:

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

FEE IS NON-REFUNDABLE

SECTION 8
APPLICANT'S SIGNATURE
Sign in ink

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

_____ _____
Signature of applicant Date

_____
Print or type name and title of applicant

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

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

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

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

Notice to Registrants Making Payment by Check

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

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

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

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

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

CONTACT INFORMATION

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

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

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

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

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

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

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

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

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

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

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

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

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

DETROIT DIVISION OFFICE
431 Howard Street
Detroit, MI 48226

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

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

New Mexico	(915) 832-6014

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

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

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

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

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

Florida	(305) 590-4680

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

New Jersey	(888) 356-1071

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

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

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

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

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

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

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

Arizona	(800) 741-0902

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

California (Southern	(800) 284-1152

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

California (Northern)	(888) 304-3251

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

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

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

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

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

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

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