

Practitioner's Manual

An Informational Outline of the Controlled Substances Act

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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.

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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-dimethoxymethamphetamine ("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 <u>must</u> be registered with DEA or be exempt by regulation from registration.

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

Application for Registration

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

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

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

Drug Enforcement Administration 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 <u>Certificate</u>	On-line tool to request certificates for additional, misplaced, illegible, or destroyed originals.

MINIMUM ON-LINE REQUIREMENTS

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

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

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

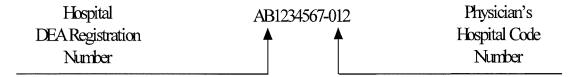
In determining the public interest, the CSA states the following factors are to be considered:

- 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.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.

${f Q}$ Do all practitioners in a group practice need to be registered?

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

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

<u>DEA's Diversion Control Program Website</u> www.DEAdiversion.usdoj.gov

DEA Homepage www.dea.gov

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

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

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

Food and Drug Administration www.FDA.gov

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

SAMHSA/CSAT

www.csat.samhsa.gov

Federation of State Medical Boards www.FSMB.org

National Association of Boards of Pharmacy www.nabp.net

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

APPENDIX E

Drug Enforcement Administration Diversion Field Office Locations

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 REGISTRANTS INVENTORY O			DERE		KAGE NO.	
The follo for prope	wing schedule is an inventory of controll r disposition.	ed substance	s which is	hereby	y surrendered (o you	
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NOTE: CERTIFIED N OF DRUGS V	AAL (Return Receipt Requested) IS REQUIRED FOR S VA. U.S. POSTAL SERVICE, See instructions on revers	HIPMENTS e (page 2) of form	Σ.				
		Number	CONTENTS (Number of grams,	Con- trolled Sub-	FOR DEA	USE O	NLY
	NAME OF DRUG OR PREPARATION	of Con- tainers	tablets, ounces or other units	stance Con- tent,			NT/TY
Bac	istrants will fill in Columns 1.2.3, and 4.0 NLY.	anes	per con- tainer)	(Each Umi)	DISPOSITION	GMS.	MGS.
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NAME OF DRUG OR PREPARATION	Number at	d grams,		FOR DEA USE ONLY			
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The controlled substances surrendered in accordance with T inpackages purporting to contain the drugs listed on the [2] Destroyed as indicated and the remainder forwarded tape-so	his inventory and have been: "	1 (1) Forwards	id tape-s	ealed without openin	ig;		
DATE	DESTROYED BY: _						
" Stake out lines out applicable.	WITNESSED BY:						
·	INSTRUCTIONS						

- controlled substance content of each unit described in column 3; e.g., morphine sulfate tabs., 3 pages, 100 tabs., 1/4 gr. (16 mg.) or morphine sulfate tabs., 1 pag., 83 tabs., 1/2 gr. (22 mg.), 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 reparate cover. Euclose one additional copy in the thigment 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.
- Drugs should be shipped type-scaled via prepaid express or cardified until (return receipt requested) to Special Agent in Charge, Drug Enforcement Administration, of the DEA District Office which serves your real.

PRIVACY ACT INFORMATION

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 torwarded 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 uses to 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 sepance, 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. 20507; and to the Office of Management and Budget, Plaperwork Reduction Piopeting, 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. OMB APPROVAL No. 1117-0001 Complete the front and back of this form in triplicate. Forward the original and duplicate copies to the nearest DEA Office. Retain the triplicate copy for your records. Some states may also require a copy of this report. 1. Name and Address of Registrant (include ZIP Code) 2. Phone No. (Include Area Code) ZIP CODE 3. DEA Registration Number 4. Date of Theft or Loss 5. Principal Business of Registrant (Check one) 5 ☐ Distributor 6 ☐ Methadone Program Pharmacy 2 🔲 Practitioner Manufacturer 7 Other (Specify) 3 □ 4 Hospital/Clinic which Registrant is Name and Telephone Number of Police Department (Include Area Code) Was Theft reported Yes No 10. Type of Theft or Loss (Check one and complete items below as appropriate) Number of Thefts or Losses Registrant has experienced in the past 24 months 1 Night break-in 3 Employee pilferage 5 Other (Explain) 2 Armed robbery 4 🔲 Customer theft 6 Lost in transit (Complete Item 14) Were any pharmaceuticals or merchandise taken? No Yes (Est. Va 11. If Armed Robbery, was anyone: 12. Purchase value to registrant of Controlled Substances taken? Yes (Est. Value) Killed? Nc Yes (How many) Injured? No Yes (How many) 14. IF LOST IN TRANSIT, COMPLETE THE FOLLOWING: A. Name of Common Carrier B. Mame of Consignee C. Consignee's DEA Registration Number D. Was the carton received by the customer? E. If received, did it appear to be tampered with? F. Have you experienced losses in transit from this same carrier in the past? Yes Yes ☐ No ☐ Yes ☐ No ☐ 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 isesurity measures have been taken to prevent future thefts or losses? 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 1117-001. 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. 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. 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. CONTINUE ON REVERSE FORM DEA - 106 (11-00) Previous editions obsolete

LIST OF CONTROLLED SUBSTANCES LOST FORM DEA-106 (Nov. 2000) Pg. 2 Trade Name of Substance or Preparation Name of Controlled Substance in Preparation Dosage Strength and Form Quantity 5 mg Tablets Desoxyn Methamphetamine Hydrochloride 3 x 100 Demerol Meperidine Hydrochloride 50 mg/ml Vial 5 x 30 ml Robitussin A-C 2 mg/ce Liquid Codeine Phosphate 12 Pints 10. 11. 12. 13. 14. 18. 17. 19. 19. 20. 21. 22. 23. 24. 25. 26. 27. 26. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. I certify that the foregoing information is correct to the best of my knowledge and belief.

Signature

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

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DEA Form-222 (Oct. 1992) U.S. OFFICIAL ORDER FORMS - SCHEDULES I & II

DRUG ENFORCEMENT ADMINISTRATION

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

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Mandatory pursuant to Debt Collection improvements Act	terreting	Activities of the second of th		have constitute				Provide SSN or Ti See note #3 on bottom of page 2
SECTION 2	Hospital/Clinic	Ambulance	Service	Ĺ.	Practitio	oner MO, DO, DR	PM, C/VM, MD or PHC/)	FROFESSICNAL CEGREE
,	Nursing Home	Arimal She	ter .	jan jan	Practitic (DDS, D	oner Militar Mio, cio, di	ry PM, CVM,MD or PHC)	Fracilionars and MLF
V.778	Central Fill Pharmacy	Teaching in		parent Lang	ି (DCM, H	MO, MP, NI	Met (MLP) D, NP, OD, PA, or RPH)
	Retail Pharmacy	Automated	Dispensing Syste	an (i Euthan	asia Techn 	liclan 	
FCR Automated Dispensing Sys (ADS) CNLY:	atem DEA Regis of Retail Pi for this AD:	harmacy				A Constitution of the Cons	An ADS is automs 3kip Saction 6 an You must attach a	atically les-exempt. d Section 7 on page 2, a notorized attidayli.
SECTION 3	Schedule II Narcollo		Schedule I	III Narcı	otic		C Scher	dule IV
DRUG SCHEDULES Check all that apply	Schedule II Non-Nard		Schedule I	III Non-I	Narcolle		Scher	dule V
	Check this box if you i	require official ord: checkie il non-nar	er forms for purch	വര്യ വർ				

SECTION 4	Are you currently authorized to prescribe, distribute, dispense, conduct research, or otherwise hithe schedules for which you are applying under the laws of the state or jurisdiction in which you	andle the controlled substances in are operating or propose to operate?
STATE LICENSE(8) Be sure to include both	YES PENDING NO	Slate
stato icense numbers i applicable		License Number Slate Controlled Substance
		License Number (if required)
SECTION 5 LIABILITY	t. Has the applicant ever been convicted of a crime in connection with controlled substance(s) u	Mer state or federal law?
IMPORTANT :	Has the applicant ever surrendered (for cause) or had a federal controlled substance registration restricted, or denied?	n revoked, suspended, 0 0
this section must	Has the applicant ever surrendered (for cause) or had a state professional license or controlled revoked, suspended, denied, restricted, or placed on proballon? Is any such action pending?	lat lat
	If the applicant is a corporation fother than a corporation whose stock is owned and traded by partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of controlled substance(s) under state or red-strake, or ever surrendered, for cause, or had a todd registration revoked, suspended, restricted, denied, or ever had a state professional license or registration revoked, suspended, denied, restricted or placed on probation?	the rublic), association, as dime in connection with a clime in connection with a clime in controlled substance controlled substance
EXPLANATION OF "YES" ANSWERS	Date(s) of incident: Location(s) of incident:	
Applicants who have answered "YES" to any of the four questions above must provide a statement to explain such answere	Nature of Incident:	
Use this space or attach a separate sheet and return with application	Result of incident:	
SECTION 6	Check this box if the applicant is a federal, state, or local government operated hospital, inst	Button or official.
CERTIFICATION OF EXEMPTION	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.	emment-onerated boshital
from application fee	institution or official, and is exempt from payment of the application fee.	and the same of a constraint
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 cartifying official Telep	frome No. (required for verification)
SECTION 7	Make check payable to: Drug Enforcement Administration	
METHOD OF PAYMENT	Check See page 4 of instructions for important information. American Express Discover Master Card Visa	Mail this form with payment to:
Check one form of payment only		
		U.S. Department of Justice
	Credit Card Number Expiration Date	Drug Enforcement Administration
	Control of the contro	· · · · · · · · · · · · · · · · ·
Sign if paying by credit card	Signature of Card Holder	Drug Enforcement Administration P.O. Box 28083
Sign I' paying by credit card		Drug Enforcement Administration P.O. Box 28063 Washington, DC 20038-8083
SECTION 8	Signature of Card Holder	Drug Enforcement Administration P.O. Box 28063 Washington, DC 20038-8083
SECTION 8 APPLICANTS SIGNATURE	Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct.	Drug Enforcement Administration P.O. Box 28063 Washington, DC 20038-8083
SECTION 8	Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct. Signature of applicant	Drug Enforcement Administration P.O. Box 28063 Washington, DC 20038-8063 FEE IS NON-REFUNDABLE
SECTION 8 APPLICANT'S SIGNATURE SIGN Ink	Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct. Signature of applicant Or type name and little of applicant WARNING: Section 543(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intertaudulent information in the application is subject to imprisonment for not more than four years, a tire of notif	Drug Enforcement Administration P.O. Box 29083 Washington, DC 20038-8083 FEE IS NON-REFUNDABLE ale
SECTION 8 APPLICANT'S SIGNATURE Sign in link 1. No registration will be 2. in accordance with the valid CMB control nut the time for reviewing 3. The Debt Collection in This resumber is require 4. PRIVACY ACT INFOR	Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct. Signature of applicant Print or type name and little of applicant WARNING: Section 543(a)(4)(A) of Title 21, United States Code states that any person who knowingly or intelligence in the properties of th	Drug Enforcement Administration P.O. Box 28083 Washington, DC 20038-8083 FEE IS NON-REFUNDABLE alle alle alle ritionally fumished false or note than \$33,000, or both. lays a valid CMB control number. The ridge 12 minutes per response, including eviewing the collection of information. Security Number on this application.
SECTION 8 APPLICANT'S SIGNATURE Sign in ink 1. No registration will be 2. in accordance with the valid CMB control nat the time for reviewing 3. The Debt Collection In This remains a resulting the resulting security in the time for reviewing 3. The Debt Collection In This remains it is resulting the control of the control of the resulting the resul	Signature of Card Holder Printed Name of Card Holder I certify that the foregoing information furnished on this application is true and correct. Signature of applicant Description of the foregoing information furnished on this application is true and correct. Signature of applicant Print or type name and little of applicant WARNING: Section 343/aj(4)(A) of Title 21, United States Code states that any person who knowingly or intelligentation in the application to the subject of imprisonment for not more than four years, a three of not respect unites a completed application from has been received (21 CFR 1301.13). Page-ther for this collection of information unless it dispriber for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to avertice of the collection of the controlled substances and the state of the controlled substances and the state of the collection of the collection of the collection imprison the collection and the controlled substances Act of 1970 (PL 01-513) and Debt Collection imprison page 1990 for the controlled substances Act of 1970 (PL 01-513) and Debt Collection imprison page 1990 for the controlled substances Act of 1970 (PL 01-513) and Debt Collection imprison page 1990 for page 1990 for 1	Drug Enforcement Administration P.O. Box 29083 Washington, DC 20038-8083 FEE IS NON-REFUNDABLE alle ritionally furnishes false or nore than \$30,000, or both, lays a valid CMB control number. The ridge 12 minutes per response, including evidenting the collection of information. I Security Number on this application. Seements Act of 1999 (PL 104-134) (for 10, collanalytical purposes. Disclosures of 99, 2049.

Form-224	ΔΡΡΙΙΟΔΤΙΟ	ON FOR REGIS	ΤΡΔΤΙΛΝ						
r office.		Instructions and In							
ADDITIONAL INSTRUCTIONS	Fee exe street a number	impt applications must list i ddress a post office box ma (Tild) if applying as a busir	ihe name and address o sy be included. Applica: ress entity.	d or primad in the blocks pr of the fee exempt institution ni must enter a valid social the Debt Collection Impro	. A physical address is security number (SSN)	required: after the			
	SECTION 2. BUSINESS ACTIVITY - Indicate only one. Practitioners also enter one degree from this list: DDS, DMO, DO, DPM, DVM, MD or PHD. Mid-lavel practitioners also enter one degree from these choices: DOM, HMD, MP, ND, NP, OD, PA, or RPH.								
	ADS must provide ou Affidayk must include 3) Permit or license n 4) Required Statemen	rent DEA registration numit 1) Name of parent retail ph umber(s) and date issued of it. This afficiant is submitted commence proceedings material information occuporation/partnership/	ber of parent retail phantamacy and complete a of State cartification to died to obtain a DEA region to deny the application to deny the application tolled in this affidavit in business to presecution	macy and attach a notorize address Z) Name of Long-to perate ADS at named LTC dratton number. If any main under section 304 of the A lay subject the person sign under section 403 of the A under section 403 of the A	od afildavk (21 CFR Pai nrm Care (LTC) facility facility arial information to false of (21 U.S.C. 8224)ay). Ing this affidavit, and th- ict (21 U.S.C. 843).	rt 1301.17). and complete address , the Administrator may Any takes or fraudulant e named			
	SECTION 3. DRUG : required to transi	SCHEDULES - Applicants nents: federal registration of	should check all drug so loes not overrule state r	of corporate officer signing checkules to be handled. He estitictions. Check the ords will be maked to the regist	owever, applicants mus ar form box only if you is	t still comply with state			
	SECTION 4. STATE Application	LICENSE(S) - Federal regi nts should contact the local	i slaie icensing authorit ide ihat number on this	d upon the applicant 's com y prior to completing this at application. If a state licen ate "No".	pplication. If your state	requires a separate			
	SECTION 5. LIABILI any que	TY - Applicants must answe stion, provide an explanati	ar all four quastions for i on in the space provide	ihe application to be accept d. If additional space is rec	ted for processing. If your pulsed, you may attach a	ou answered "Yes" to a separate sheet of paper			
	SECTION S. CERTIF operate authority	KATE OF EXEMPTION - I d hospitals, institutions and y title, and telephone numb	Exemption from payment deficials. The applicant ar of the certifying offici	ni of application lee is limite i's superior or agency office si (other than the applicant	ed to federal, state or to or must certify exempt s) must be provided.	cal government datus. The signature,			
	SECTION 7. METHO Third-pa	D OF PAYMENT - Indicate arily checks or checks draw	the desired method of m on foreign banks will	payment. Make checks pa not be accepted. FEES AF	yable to "Drug Enforcer & NCN-REFUNDABLE	ment Administration". i.			
		ANT'S SIGNATURE - MUSI							
CONTACT INFORMATION	ATLANTA DIVISION - ATTN: Registration 75 Spring Street, SW, Atlanta, GA 30303		DETROIT DIVISION : 431 Howard Street Detroit, MI 45226		PHILADELPHIA DIVI William J. Green Fed- 900 Arch Street, Root Philadelphia, PA 1910	erai Building m 10224			
1.INTEFINET www.deadlverskn.usdcj.gov	Georgia North Carolina South Carolina	(888) 862-9935 (888) 219-8639 (866) 533-6953	Kenlucky Michigan Ohio	(500) 230-5544 (500) 230-5544 (500) 230-5544	Dolawaro Pornsylvania	(666) 393-6231 (666) 393-6231			
2. TELEPHONE Headquarters Call Center	Tennessee BOSTON DIVISION (JFK Federal Building	(888) 219-7895	EL PASO DIVISION (El Paso Faderal Justi 600 South Mesa Hills El Paso, TX 79012	ce Center	PHOENIX DIVISION 3010 N. 2nd Street, 3 Phoenix, AZ 55012				
(000) 002-9539	15 New Sudbury Sire Bosion, MA 02203-01	et, Room E4C0 31	New Mexico	(915) 832-8014	Artzona	(600) 741-0902			
3. WRITTEN INQUIRIES DEA RO. Box 25053	Compolicut Maine Massachusells	(617) 557-2200 (666) 272-5174 (617) 557-2486	HOUSTON DIVISION 1433 West Loop Sout Houston, TX 77027-0	OFFICE h, Suite 600 506	SAN DIEGO DIVISIO 4550 Viewnidge Aven San Diego, CA 92123	ue			
Washington DC 20038-6083 4. DEA OFFICES	New Hampshire Rhode Island	(617) 557-2200	Texas (S. & Central)		Calibraia (Scuthern)	• *			
DEA Offices are listed (800, 677, and 655 are toll-free numbers)	Vermoni CARIBBEAN DIVISIO RO. Box 2167 San Juan, PR 00022.		LOS ANGELES DIVI: 255 East Temple Stre Los Angeles, CA 900	el, 20th Ficor	SAN FRANCISCO DI 450 Golden Gate Ave P.O. Box 35035 San Francisco, CA 94	inus, 14th Floor			
Min Ma-line implime to	Puerto Rico	(767) 775-1766	California (S. Cantral) Hawaii	(558) 415-9822	California (Northam)	(666) 304-3251			
	U.S. Virgin Islands CHICAGO DIVISION	(787) 775-1766	Nevada Trusi Territory	(555) 415-9522 (213) 594-2216	SEATTLE DIVISION 400 Second Avenue, Seattle, WA 96119				
	Ruczyński Federal Bu 230 S. Dearborn Stre- Chkago, IL 60604	eliding political controls.	MIAMI DIVISION OFF 6400 N.W. 53rd Stree Miami, FL 33166	FIGE t	Alaska Idaho Cregos	(656) 219-4261 (656) 219-4261 (656) 219-4261			
	litricis Indiana Minnesota North Dakota	(312) 353-1234 (312) 353-1235 (312) 353-9188 (312) 353-9188	Florida NEWARK DIVISION 60 Mulberry Street, 21		Washington ST. LOUIS DIVISION 317 South 15th Sires	(688) 219-1416 OFFICE			
	Misconsin DALLAS DIVISION 0 10160 Technology Biv Dalas, TX 75220		Newsik, NJ 07 102 New Jamey NEW ORLEANS DIVI	(555) 356-1071 SION OFFICE	St. Louis, MO 63103 lowa Karsas Missouri	(686) 603-1179 (686) 603-1179 (686) 603-1179			
	Oktahoma Texas (Northern)	(666) 336-4704 (666) 336-4704	3636 N. Causeway Bi Lakeway III, Sulle 150 Melairle, LA 70002	va CO	Nebraska South Dakota	(606) 603-1179 (606) 603-1179			
	DENVER DIVISION O 115 Inverses Edve, 6 Englawood, CO 50113	Bast 2	Alabama Arkarsas Louistana Mississippi	(656) 514-5051 (656) 514-7-302 (656) 514-7-302 (656) 514-7-302	WASHINGTON, D.C. Techworld Plaza 500 K Street, N.W., S Washington, D.C. 200	ulia 500			
	Colorado Montana Utah Wyoming	(800) 328-6922 (800) 328-6922 (800) 328-6922 (800) 328-6922	NEW YORK DIVISION SO Tenth Averue New York, NY 10011		Disinct of Columbia Maryland Virginia West Vinginia	(677) 801-7974 (677) 330-6670 (677) 801-7974 (677) 330-6670			
NEW INST - Fage 3			New York	(577) 553-5769 (212) 337-1593 (212) 337-1594					

DRUG SCHEDULES	Listed below are examples of the schedules with assig or contact the CEA office serving your area.	ned drug code r	numbers. If you are in need of additional information, see 21 C	FR 1306
	SC HEDULE I		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
			Buprenorphine	2064
	Acelorphine Acelylmethadol	9319 9601	Codeline up to 90 mg/du plus other ingredients	9319 9807
	Allybrodine	9602	Dihydrocodoineup to 90 mg/du plus other ingredients Ethylmorphine up to 15 mg/du plus other ingredients	9000
	Alphacelylmethadol (except LAAM)	9803	Hydrocodone up to 15 mg/du plus other ingredients	9866
	Burctenine	7433	Morphine up to 50 mg/100ml or gm plus other ingred.	9510
	Dextremeramide	9613	Oplům up là 500 mg/100m, plus other active ingred.	<u>ବଟରେ</u>
	Disthyltryplamine (DET)	7434	A COLA A CAMPANIA DA CAMPANIA DA CAMPANIA	
	2,5 - Dirielhovyamphetamine (DMA)	7398 7435	NON-NARCOTIC BASIC CLASSES	CODE
	Dimethyltryptamina (DMT) Etorphina (except by drochloride sait)	9056	Anabolic Stemids	4000
	gamma-Hydroxybulyric acid (except drug product)	2010	Berzzhelamine	1226
	Hamin	9200	Butablisi	2100
	Ibogaine	7260	Cronabinol Pharmaceulical Product	7369
	Kaliobemidone	9825	GHB Crug Product (gamma-Hydroxybutyric acid)	2018
	Lysergic acid diathylamida (LSO)	7315 7360	Kelamine	7265 2575
	Marhuana Mascalina	7351	Melitypryton Peniobarbital plus noncontrolled active ingredients	2271
	Methaguaione	2565	Peniobarbiai suppository	2271
	3,4 - Methylenedicxyamphatamine (MDA)	7400	Phendmeirazine	1615
	3,4 - Methylenedicxymethamphetamine (MCNA)	7405	Secobarbital plus noncontrolled active ingredients	2316
	n- Ethyl - 1 - Phanylcyclchexylamine (PCE)	7455	Secobarbital suppository	2316
	Peyota	7415	Thiopenial	2329
	1 - (1-Phenylcyclohaxyl)pymolidina (PCP)	7455 7437	Vintarbital	2355
	Paliocybin Paliocyn	7435		
	Tetrahydrocannabhols (THC) 1-[1-[2-Thienyl]-cyclohaicyl[-pipeddine	7370 7470	SCHEDULE IV	
	1-1 - 17- 1 towns his characters had between 14	7410	NARCOTIC BASIC CLASSES	CODE
	SC HEDULE II		Deximpropoxyphene du Difenoxin 1mg/25ug airopine SO4/du	9278 9167
	NARCOTIC BASIC CLASSES	CODE	NON-HARCOTIC BASIC CLASSES	CODE
	Alphaprodine	9010	Alogodam	2662
	Arillaridina	9020	Barbiai	2145
	Cocaine Codeine	9041 9050	Chloral Hydrate	2465
	Dextropropoxyphene (bulk)	9273	Chiordianepoxide	2744
	Dichenoxylate	9170	Clorazepale	2768
	Diprenorphine (M50-50)	9055	Clazepám	2765
	Ethylmorphine	9190	Clathýpropicn Ferdúrsmine	1610 1670
	Etciphine Hydrochloride (M-00)	9059	Flurazopan	2767
	Gluiethimide Hydrocodone	2550 9193	Halazepam	2762
	Hydromorphone	9150	Loradejiam	2005
	Lévo-alphacelylmethadol (LAAM)	9845	Mazindol	1605
	Leverphanol	9220	Mebutamate	2800
	Mepelidhe	9230	Mephobarbilai (Methylphenobarbilai) Meprobamata	22 50 2620
	Methadone	9250 9300	Methohaxital	2264
	Morphine Oplum, powdered	9839	Midazolam	2004
	Option, raw	9500	Oxazapam	2035
	Citycodone	9143	Paraidshyda	2565
	Cxymorphona	9852	Pembina Penizodne	1530 9709
	Poppy Straw	9671	renazogne Fhenobarbital	2265
	Poppy Straw Concentrate	9670	Phonormine	1640
	Thebaine	9333	Prazopam	2764
	NON-NAROOTIC BASIC CLASSES	CCCE	Quazépam Temazépam	2661 2925
	Amobarbital	2125	Triazolam	2007
	Amphetamine	1100	Zolpidem	2763
	Močnomphatemina	1105		
	Methylphenidate	1724		
	Pentőbarbitai	2270 747 1	SCHEDULE V	
	Phonoydkine (PCP)			
	Phonopidine (PCP) Phonmeiraine Phondacatore	1631 5501		CODE

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 convented into an electronic fund transfer. "Electronic fund transfer" is
the tarm used to reter to the process in which we electronically instruct your financial institution to transfer fund; then your 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 lacknikal reasons, you authorize us to process the copy of

transfer from your account for the same amount as the check. In the executive transfer from your account for the alectronic 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 intermation: The electronic fund transfer from your account will be on the account statement you receive from your thands! 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 wholevers" or "other transactions." You will not need the your original check but we will keep a copy of the check for record-leading purposes.

Resping purposes.

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

NEW INST - Page 4

Form-224a	RENEWAL APPLICATION FOR REGISTRATION Under the Controlled Substances Act	APPROVED OMB NO 1117-0014 FORM DEA-224s (1-05)
INSTRUCTIONS	1. To renew by mail complete this application. Keep a copy for your records 2. Print dearly, using black or blue ink, or use a typewriter. 3. Section 5 should be completed only if your information has changed. 4. Mail this form to the address provided in Section 6 or use enclosed envelope. 5. include the correct payment amount. FEE IS NON-REFUNDABLE. 6. If you have any questions call 800-552-6539 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 III Narcotic Schedule III Non-Narcotic Schedule III Non-Narcoti	Schedule IV
SECTION 2	Check this box if you need official order forms - for the purchase of schedul	le il narcotic/schedule il non-narcotic controlled substances.
SECTION 3 At state License(s) Be sure to include both state license numbers if applicable	A. Are you currently authorized to prescribe, distribute, dispense, conduct researches schedules for which you are applying under the laws of the state or jurisdiction. YES NO	rch, or otherwise handle the controlled substances in on in which you are operating or propose to operate? State License Number State Controlled Substance License Number (if required)
LIABILITY IMPORTANT: If you answered yes to these questionis) on previous application, you must continue to answer yes and provide a statement of explanation. All questions in this section must be answered.	B. Has the applicant ever been convicted of a crime in connection with controlled or federal law? C. Has the applicant ever surrendered (for cause) or had a federal controlled suspended, restricted, or denied? D. Has the applicant ever surrendered (for cause) or had a state professional registration revoked, suspended, denied, restricted, or placed on probation. E. If the applicant is a corporation (other than a corporation whose stock is association, partnership, or pharmacy, has any officer, partner, stockholder crime in connection with controlled substances under state or federal law, had a federal controlled substance registration revoked, suspended, restriprofessional license or controlled substance registration revoked, suspended, probation?	I substance registration revoked, I license or controlled substance n? is any such action pending?
SECTION 4 EXPLANATION OF "YES" ANSWERS Applicants who have answered YES" to questons 8. C. D. or E above must provide a statement to explain such answers Use this space or stach a separate sheet and return with application	Date(s) of incident: Location(s) of incider Nature of incident: Result of incident:	nt:
	RENEWAL - Page 1	

SECTION 5	Last Name (if registration is for individual) -OR- Business Name (if registration is for business)	
CHANGES TO		
APPLICANT IDENTIFICATION		and a standard and a
	First Name and Middle Initial	
DEBT COLLECTION		
INFORMATION	Tax Identification Number (if registration is for business) Social Security Number (if registration	is far individual)
Mandatory pursuant to Debt Collection		Provide SSN or TIN. See note #3 on
Improvements Act	Address Line 1 (street address)	bottom of page 2
	Address Life 1 (sileet address)	
IMPORTANT	Address Line 2	
Leave this section		and the second s
blank unless the registration	City	Chata 75 0 de
information on front page	Control of the state of the sta	State Zip Code
is incorrect.		
	Eisiness Phone Number Business Fax Number	
	hedeeled belonked kedeeleded belonked kedeeleded	
SECTION 6	Make check payable to: Drug Enforcement Administration	
METHOD OF	Check See page 4 of instructions for important information.	
PAYMENT	100 mm	Mail this form with payment to:
Check one form of payment only	American Express Discover Master Card Visa	II.C. Department of hydron
,,···,	Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administration
		P.O. Box 105616
	generalganeng menggebenk generalgan kang dan bengan kang dan bengan kang kenang kanteng untuk generalg frantsi Penden	Atlanta, GA 30348-5616
Sign if paying by credit card		FF 10 11011 0FF 1110 101 F
credit card	Signature of Card Holder	FEE IS NON-REFUNDABLE
	Printed Name of Card Holder	
	Finited Haine of Card (10rde)	
SECTION 7	Check this box if the applicant is a federal, state, or local government operated hospital	al, institution or official.
CERTIFICATION OF EXEMPTION	Be sure to enter the name and address of the exempt institution on address lines 1 and 2 in ourrent registration certificate.	s section 5, if it is not already on your
from application fee	The undersigned hereby certifies that the applicant named hereon is a federal, state or local governme and is exempt from payment of the application fee.	nt operated hospital, institution or official,
	ало в ехетричит раутети от та арриоахот нее.	
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	I certify that the foregoing information furnished on this application is true and correct.	
APPLICANT'S		
SIGNATURE	Signature of applicant	Date
Sign in ink		
	Print or type name and title of applicant	-
	WARNING: Section 843(a)(4)(A) of Title 21, United States Code states that any person who knowingly	v or intentionally fignishes 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).	
In accordance with the	e Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it ober for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to	displays a valid OMB control number. The
the time for reviewing	instructions, searching existing data sources, gathering and maintaining the data needed, and completing a inprovements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identifying Number and/or S	and reviewing the collection of information.
This number is require 4. PRIVACY ACT INFOR	ed for debt collection procedures should your fee become uncollectable.	and a supposed in the approach.
AUTHORITY	Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection I taxpayer identifying number and/or social security number).	improvements Act of 1898 (PL 104-134) (for
PURPOSE: ROUTINE U:	To obtain information required to register applicants pursuant to the Controlled Substances Act of	f 1970.
ROUTINE U		austroat analytical purposes. Disclosures of
	information from this system are made to the following categories of users for the purposes state	d:
	information from this system are made to the following categories of users for the purposes state A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory pu B. State and local law enforcement and regulatory agencies for law enforcement and regulatory j	d: Irposes. purposes.
EFFECT:	information from this system are made to the following categories of users for the purposes state A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory pu	d: Irposes. purposes.

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,		00) 326-6900	New York, NY 10011		Virginia West Virginia	(877) 330-6670

DRUG SCHEDULES	Listed below are examples of the schedules with assign contact the DEA office serving your area.	gned drug code r	numbers. If you are in need of additional information, see 21 C	FR 1308
	SCHEDULE I		SCHEDULE III	
	NARCOTIC & NON-NARCOTIC BASIC CLASSES	CODE	NARCOTIC BASIC CLASSES	CODE
	Acetorphine	9319	Buprenorphine Codeine up to 90 mg/du plus other ingredients	9064 9319
	Acetylmethadol	9601	Dihydrocodelneup to 90 mg/du plus other ingredients	9807
	Allylprodine	9602	Ethylmorphine up to 15 mg/du plus other ingredients	9808
	Alphacetylmethadol (except LAAM)	9603	Hydrocodone up to 15 mg/du plus other ingredients	9806
	Bufotenine Dextromoramide	7433 9613	Morphine up to 50 mg/100ml or gm plus other ingred. Opium up to 500 mg/100m, plus other active ingred.	9810 9809
	Diethyltryptamine (DET)	7434	Opidin up to cooling room, pies other active ingred.	8008
	2,5 - Dimethoxyamphetamine (DMA)	7396	NON-NARCOTIC BASIC CLASSES	CODE
	Dimethyltryptamine (DMT)	7435		
	Etorphine (except hydrochloride salt)	9856	Anabolic Steroids	4080
	gamma-Hydroxybutyric acid (except drug product) Heroin	2010 9200	Benzphetamine Butalbital	1229 2100
	loggaine	7260	Oronabinol Pharmaceutical Product	7369
	Ketobemidone	9626	GHS Drug Product (gamma-Hydroxybutyric acid)	2010
	Lysergic acid diethylamide (LSD)	7315	Ketamine	7285
	Marihuana	7360	Methyprylon	2575
	Mesoaline Methagualone	7381 2565	Pentobarbital plus noncontrolled active ingredients Pentobarbital suppository	2271 2271
	3,4 - Methylenedioxyamphetamine (MDA)	7400	Phendimetrazine	1615
	3.4 - Methylenedioxymethamphetamine (MDMA)	7405	Secobarbital plus noncontrolled active ingredients	2318
	n- Ethyl - 1 - Phenylcyclohexylamine (PCE)	7455	Secobarbital suppository	2318
	Peyote	7415	Thiopental	2329
	1 - (1-Phenylcyclohexyl)pyrralidine (PCP) Psilocybin	7458 7437	Vinoarbitai	2335
	Palocyn	7438		
	Tetrahydrocannabinols (THC)	7370	SCHEDULE IV	
	1-[1-(2-Thienyi)-cyclohexyi]-piperidine	7470	NARCOTIC BASIC CLASSES	CODE
				9279
	SCHEDULE II		Dextropropoxyphene du Difenoxin 1mg/25ug atropine SO4/du	9167
	NARCOTIC BASIC CLASSES	CODE	NON-NARCOTIC BASIC CLASSES	CODE
	Alphaprodine	9010	Alprzolam	2882
	Anileridine Cocaine	9826 9841	Sarbital	2145
	Codeine	9050	Chloral Hydrate	2465
	Dextropropoxyphene (bulk)	9273	Chlordiazepoxide	2744
	Diphenoxylate	9170	Clorazepate	2768
	Diprenorphine (M50-50)	9858	Diazepam Diethylpropion	2765 1610
	Ethylmorphine Etorphine Hydrochloride (M-99)	9190 9859	Fenfuramine	1870
	Siutethimide	2650	Flurazepam	2787
	Hydrocodone	9193	Halazepam	2762
	Hydromorphone	9150	Lorazeparn	2885
	Levo-alphacetylmethadol (LAAM)	9648	Mazindol Mebutamate	1605 2800
	Levorphanol Meperidine	9220 9230	Mephobarbital (Methylphenobarbital)	2250
	Methadone	9250 9250	Meprobamate	2820
	Morphine	5300	Methonexital	2264
	Opium, powdered	9639	Midazolam	2884
	Opium, raw	9600	Oxazepam Paraldehyde	2835 2585
	Oxycodone Oxymorphone	9143 9652	Pemoline	1530
	Poppy Straw	9854 9871	Fentazocine	9709
	Poppy Straw Concentrate	9870	Phenobarbital	2285
	Thebaine	9333	Phentermine Prazepam	1640 2784
	NON-NARCOTIC BASIC CLASSES	CODE	Guazepam Temazepam	2881 2925
	Amobarbital	2125	Triazolam	2897
	Amphetamine	1100	Zolpidem	2783
	Methamphetamine	1105		
	Methylphenidate	1724	ACCIENT CA	
	Pentobarbital Phencyslidine (PCP)	2270 7471	SCHEDULE V	
	Phenmetrazine	1631		CODE
	Phenylacetone	8501		
	Secobarbital	2315	Codeine Cough Preparation (200mg/100m) 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 not 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. In sufficient 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 ohecks 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 proteotions under Federal law palled the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

RENEW AL INST - Page 4

Form-363	APPLICATION FOR REGISTRATION Under the Narcotic Addict Treatment Act of 1974	APPROVED OMB NO 1117-0015 FORM DEA-263 (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 you information has changed. 4. Mail this form to the address provided in Section 8 or use endosed envelope. 5. Include the correct payment amount. FEE IS NON-REFUNDABLE, 6. If you have any quastions contact 800-82-9638 prior to submitting your application. 7. Save time - apply online at www.deadiversion.usdoj.gov.	REGISTRATION INFORMATION:			
	IMPORTANT: CO NOT SEND THIS APPLICATION AND APPLY ONLINE				
		Fee for 1 year is \$130 FEE IS NON-REFUNDABLE			
SECTION 1 APPLIDENT	ICANT TIFICATION				
Business or Facility	Name (if registration is for business entity or is fee exempt)				
Eusiness or Facility	Name 2 ("doing business as", continuation of business name, or name of fee e	xempt institution)			
Address Line 1 (stre	et address)				
Address Line 2		State Zip Code			
		ambient tendenderstanden betreet en			
Business Phone Nu	Business Fax Number				
DEBT COLLECTION INFORMATION Mandatory pursuant to Exist Collection Improvements Act	Tax Identification Number	Gee note #3 on bottom of page 2.			
SECTION 2 BUSINESS ACTIVITY Check one box only	□ NTP - Detaxification □ NTP - Co	mpounder / Maintenance mpounder / Detoxification mpounder / Maintenance and Detoxification			
SECTION 3 DRUG SCHEDULES Check all that apply	Schedule 8 Schedule 9				
	re you currently authorized by the Food and Drug Administration for the busine YES PENDING NO	ss activity described in this application? FDA Number			
SECTION 5 Are the s	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(5)	YES, I have a Scence NOT REQUIRED by this clate	State Lipense Number			

SECTION 6	 Has the applicant ever been convicted of a crime in connection with controlled substances und 	er state or federal law? T T		
LIABILITY	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration restricted, or denied?	n revoked, suspended, 💢 🗍		
IMPORTANT: All questions in this section must	. 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?			
	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 conficient substances under state or rederal 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	Date(s) of incident: Location(s) of incident:			
Applicants who have answered "YES" to any of the four question above must provide a statement to explain such answers				
Use this space or affac a separate sheet and return with application	n 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 treat. 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 program, and is exempt from payment of the application fee.			
Provide the name and phone number of the	one number of the			
čettilying official	Print or type name and title of certifying official Teleph	none No. (required for verilication)		
SECTION 8 METHOD OF PAYMENT	Check Make check payable to: Drug Enforcement Administration See page 3 of Instructions for Important Information.	Mail this form with payment to:		
Check one form of psymant only	American Express Discover Master Card Visa Credit Card Number Expiration Date	U.S. Department of Justice Drug Enforcement Administration P.O. Box 28063		
Sign # paying by credit card		Washington DC 20036-8083		
crédit card	Signature of Card Holder	FEE IS NON-REFUNDABLE		
	Printed Name of Card Holder			
SECTION 9	I certify that the foregoing information furnished on this application is true and correct.			
APPLIGANT'S SIGNATURE Sign in Ink	Signature of applicant D	ale		
_	Print or type name and title of applicant			
	WARNING: Section 643(a)(4)(A) of Title 21, United States Code states that any person who knowlingly or inter- traudulant information in the application is subject to imprisonment for not more than four years, a line of not n	vionally furnishes false or nore than \$30,000, or both.		
the time for reviewing 3. The Debt Collection	elssued unless a completed application form has been received (21 CFR 1301.13); as properties of the properties of the data needed, and completing and the providents Act of 1506 (Pf. 164-131) regulates the your transparent Expayer Identifying Number and/of Social set for data continued to the properties of the prope	rage ou minules per response, including		
AUTHORIT PURPOSE: ROUTINE (Y: Section 302 and 300 of the Controlled Substances Act of 1970 (PL 91-515) and Debt Collection Improsphysic Identifying number and/or social security number?. To obtain information required to register applicants pursuant to the Controlled Substances Act of 197 to obtain information required for statistic information from this system are made to the following categories of users for the purposes stated: A Other leaders tale werefreement and requisitory agencies for law enforcement; and requisitory agencies for law enforcement; and requisitory agencies for law enforcement.	0. al analytical purposes. Disclosures of es.		
effest:	B. State and local law entrocement and fegulation agencies for law entercement and fegulation purps. C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying the Failure to complete form will preclude processing of the application. NEW - Page 2	rses. e registration of customers.		

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 it 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.

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

NEW INST - Page 3

APPLICATION FOR REGISTRATION Form-363 Supplementary Instructions and Information CONTACT 1. INTERNET: Information can be found on our web site at www.deadiversion.usdoj.gov INFORMATION 2. TELEPHONE: Headquarters Call Center: (800) 882-9539 Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083 3. WRITTEN INQUIRIES: 4. DEA OFFICES: DEA Offices are listed below (800, 877, and 888 are toll-free numbers). PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia, PA 19106 ATLANTA DIVISION OFFICE **DETROIT DIVISION OFFICE** ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303 431 Howard Street Detroit, MI 48226 (800) 230-6844 (800) 230-6844 (800) 230-6844 Kentucky (888) 869-9935 (888) 219-8689 (866) 533-6983 (888) 219-7898 Michigan Georgia North Carolina South Carolina Delaware (888) 393-8231 (888) 393-8231 Ohio Pennsylvania EL PASO DIVISION OFFICE PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012 Tennessee EL PASO Envision or From El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000 BOSTON DIVISION OFFICE JFK Federal Building 15 New Sudbury Street, Room E400 Boston, MA 02203-0131 El Paso, TX 79912 Arizona (800) 741-0902 (915) 832-6014 SAN DIEGO DIVISION OFFICE 4560 Viewridge Avenue San Diego, CA 92123-1637 (617) 557-2200 (888) 272-5174 (617) 557-2468 (888) 272-5174 (617) 557-2200 (888) 272-5174 HOUSTON DIVISION OFFICE Connecticut 1433 West Loop South, Suite 600 Houston, TX 77027-9506 Maine Massachusetts New Hampshire Rhode Island California (Southern (800) 284-1152 Texas (S. & Central) (800) 743-0595 SAN FRANCISCO DIVISION OFFICE Vermont LOS ANGELES DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 36035 CARIBBEAN DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012 P.O. Box 2167 San Juan, PR 00922-2167 San Francisco, CA 94102 California (S. Central) (213) 621-6960 Hawaii (988) 415-9822 Nevada (888) 415-9822 California (Northern) (888) 304-3251 Puerto Rico (787) 775-1766 U.S. Virgin Islands (787) 775-1766 SEATTLE DIVISION OFFICE Trust Territory (213) 894-2216 400 Second Avenue, West Seattle, WA 98119 CHICAGO DIVISION OFFICE Kluczynski Federal Building 230 S. Dearborn Street, Suite 1200 Chicago, IL 60604 MIAMI DIVISION OFFICE 8400 N.W. 53rd Street Miami, FL 33166 (888) 219-4261 (888) 219-4261 (888) 219-4261 Idaho Oregon (312) 353-1234 (312) 353-1236 (312) 353-9166 (312) 353-9166 (312) 353-1236 Illinois Florida (305) 590-4880 Washington (888) 219-1418 ST. LOUIS DIVISION OFFICE 317 South 16th Street St. Louis, MO 63103 NEWARK DIVISION OFFICE Minnesota North Dakcta 80 Mulberry Street, 2nd Floor Newark, NJ 07102 Wisconsin DALLAS DIVISION OFFICE (888) 803-1179 (888) 803-1179 (888) 803-11<u>7</u>9 New Jersey (888) 356-1071 lowa 10160 Technology Blvd., East Dallas, TX 75220 Kansas **NEW ORLEANS DIVISION OFFICE** Missouri 3838 N. Causeway Blwd Lakeway III, Suite 1800 Metairie, LA 70002 (888) 803-1179 (888) 803-1179 Nebraska Oklahoma South Dakota Texas (Northern) (888) 336-4704 WASHINGTON, D.C. DIVISION OFFICE (888) 514-8051 (888) 514-7302 (888) 514-7302 (888) 514-7302 Techworld Plaza 800 K Street, N.W., Suite 500 Washington, D.C. 20001 **DERVER DIVISION OFFICE** Alabama 115 Inverness Drive, East Englewood, CO 80112 Arkansas Louisiana Mississippi (800) 326-6900 (800) 326-6900 (800) 326-6900 (800) 326-6900 (877) 801-7974 (877) 330-6670 (877) 801-7974 Colorado District of Columbia **NEW YORK DIVISION OFFICE** Maryland Virginia West Virginia Montana Utah 99 Tenth Avenue New York, NY 10011 Wyoming (877) 330-6670 (877) 883-5789 (212) 337-1593 (212) 337-1594 New York

NEW INST - Page 4

Form-363a	RENEWAL APPLICATION FOR REGISTRATION	APPROVED OMB NO 1117-0015 FORM DEA-363a (11-05)	
	Under the Narcotic Addict Treatment Act of 1974	Previous editions are obsolete	
INSTRUCTIONS	TIONS 1. To apply by mall complete this application. Keep a copy for your records. 2. Print clearly, using black or bize 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 800-829-939 prior to submitting your application. 7. Save time - renew online at www.deadiversion.usdoj.gov.		
	IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ONLINE.		
		FEE IS NON-REFUNDABLE	
SECTION 1 APP IDEN	LICANT TIFICATION		
Business or Facility	y Name (if registration is for business entity or is fee exempt)	<u> </u>	
Business or Facility	y Name 2 ("doing business as", continuation of business name, or name of fee	exempt institution)	
Address Line 1 (str	reet address)		
Address Line 2			
City		State Zip Code	
Busin is Phon N	umber Susiness Fax Number		
DEBT COLLECT ON INFORMATION	Tax Identification Number		
Mandatory pursuan		See note #3 on bottom of page 2.	
to Debt Collection Improvements Act	demokratige et 1940 gr. gan et 1841 grades et grades grades grades grades grades grades grades grades grades g	See Note was on potion of page 2.	
SECTION 2	Schedule II		
DRUG SCHEDULES	\$500g 2 1		
Check all that apply	Check this box if you require official order forms - for purchase or transfer of s	chedule it controlled substances.	
SECTION 3	Are you currently authorized by the Food and Drug Administration for the busine	ss activity described in this application?	
	YES PENDING NO		
Mandatory for approval	To the tradecident and and and an investment and	FDA Number	
SECTION 4 Are the	 you currently authorized to prescribe, distribute, dispense, conduct research, o schedules for which you are applying under the laws of the state or jurisdiction 	r otherwise handle the controlled substances in in which you are operating or propose to operate?	
STATE LICENSE(S)	YES, I have a license	State	
	NOT REQUIRED by this state	State License Number	
	MAI WEADIVER BY BIRS SERIE		
	RENEWAL - Page 1		

SECTION 5	Has the applicant ever been convicted of a crime in connection with controlled substances un	der state or federal law?	YES	NO
LIABILITY	2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration restricted, or denied?	on revoked, suspended,	many made	C
IMPORTANT: All questions in this section must	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?			95489 Sans
	4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been convicted of controlled substances under state or federal law, or ever surrendered, for cause, or day a feder registration revoked, suspended, restricted, denied, or ever had a state professional license or registration revoked, suspended, denied, restricted or placed on probation?		ı C.	C
EXPLANATION OF "YES" ANSWERS	Date(s) of incident: Location(s) of incident:			
Applicants who have answered "YES" to any of the four question: above must provide a statement to explain such answers				
Use this space or attach a separate sheet and return with application	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 tree. 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 go treatment program, and is exempt from payment of the application fee.	, -	С	
Provide the name and phone number of the certifying official	phone number of the			
The regards of	Print or type name and title of certifying official Tele	Ohone No. (required for verific	uation)	
SECTION 7 METHOD OF PAYMENT	Check Make check payable to: Drug Enforcement Administration See page 3 of instructions for important information.	Mail this form with p	ounne.	of to-
Check one form of payment only	American Express Discover Master Card Visa Credit Card Number Expiration Date	U.S. Department of		
	Credit Card Number Expiration Date Drug Enforcement Administra P.O. Box 28083 Washington DC 20038-808			
Sign if paying by credit card	Signature of Card Holder	FEE IS NON-REFU	JNDAE	BLE
	Printed Name of Card Holder			
SECTION 8	I certify that the foregoing information furnished on this application is true and correct.			
SIGNATURE Sign in ink	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 into fraudulent information in the application is subject to impresonment for not more than four years, a fine of not	endonally furnishes false or more than \$20,000, or both,		
In socordance with the valid OMB sontrol nur the time for reviewing 3. The Debt Collection In This number is require 4. PREVACY ACT INFOR		erage 30 minutes per response reviewing the collection of infor al Security Number on this appl	s, incluc rmation. lication.	ing
AUTHORITY PURPOSE: ROUTINE U	taxpayer identifying number and/or social security number). To obtain information required to register applicants pursuant to the Controlled Substances Act of 19	70. cal analytical purposes. Disolo ses. uses		
EFFECT:	Failure to complete form will preclude processing of the application. RENEWAL - Pace 2	ne registration of dastomers.		

Form-363a		TION FOR RENEWAL
	Supplemen	tary 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.

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

RENEWAL INST - Page 3

Form-363a 	rm-363a APPLICATION FOR RENEWAL Supplementary Instructions and Information					
CONTACT	1. INTERNET:	Information ca	Information can be found on our web site at www.deadiversion.usdoj.gov			
INFORMATION	2. TELEPHONE:	Headquarters	Headquarters Call Center: (800) 882-9539			
	3. WRITTEN INQU	IRIES: Drug Enforce	Drug Enforcement Administration P.O. Box 28083 Washington DC 20038-8083			
	4. DEA OFFICES: [DEA Offices are listed be		are toll-free numbers).		
ATLANTA DIVISION OFFICE ATTN: Registration 75 Spring Street, SW, Suite 800 Atlanta, GA 30303		DETROIT DIVISION 431 Howard Street Detroit, MI 48226			PHILADELPHIA DIVISION OFFICE William J. Green Federal Building 600 Arch Street, Room 10224 Philadelphia. PA 19106	
Georgia North Carolina	(888) 869-9935 (888) 219-8689	Kentucky Michigan Ohio	(800) 230-6844 (800) 230-6844 (800) 230-6844	Delaware Pennsylvania	(888) 393-823 ⁻ (888) 393-823 ⁻	
South Carolina (866) 533-6983 Tennessee (888) 219-7898 BOSTON DIVISION OFFICE		El Paso Federal Jus 600 South Mesa Hill	EL PASO DIVISION OFFICE El Paso Federal Justice Center 600 South Mesa Hills Drive, Suite 2000		PHOENIX DIVISION OFFICE 3010 N. 2nd Street, Suite 301 Phoenix, AZ 85012	
JFK Federal Buil 15 New Sudbury Boston, MA 0220	Street, Room E400	El Paso, TX 79912 New Mexico	(915) 832-6014	Arizona	(800) 741-090	
Connecticut Maine Massachusetts New Hampshire Rhode Island	(617) 557-2200 (888) 272-5174 (617) 557-2468 (888) 272-5174	HOUSTON DIVISIO 1433 West Loop So Houston, TX 77027-	N OFFICE	SAN DIEGO DIVIS 4560 Viewridge Av San Diego, CA 921	enue	
	(617) 557-2200	Texas (S. & Central)		California (Souther	, ,	
Vermont (888) 272-5174 CARIBBEAN DIVISION OFFICE P.O. Box 2167		LOS ANGELES DIVISION OFFICE 255 East Temple Street, 20th Floor Los Angeles, CA 90012		SAN FRANCISCO DIVISION OFFICE 450 Golden Gate Avenue, 14th Floor P.O. Box 36035 San Francisco, CA 94102		
San Juan, PR 00 Puerto Rico)922-2167 (787) 775-1766	California (S. Centra Hawaii	(888) 415-9822	California (Norther	n) (888) 304-325	
	ds (787) 775-1766	Nevada Trust Territory	(888) 415-9822 (213) 894-2216	SEATTLE DIVISIO 400 Second Avenu Seattle, WA 98119	e. West	
Kluczynski Fede	ral Building Street, Suite 1200	MIAMI DIVISION OF 8400 N.W. 53rd Stre Miami, FL 33166	FFICE eet	Alaska Idaho	(888) 219-426 (888) 219-426 (888) 219-426	
Illinois Indiana	(312) 353-1234 (312) 353-1236	Florida	(305) 590-4880	Oregon Washington	(888) 219-1413	
Minnesota North Dakota Wisconsin	(312) 353-9166 (312) 353-9166 (312) 353-1236	NEWARK DIVISION 80 Mulberry Street, Newark, NJ 07102		ST. LOUIS DIVISIO 317 South 16th Str St. Louis, MO 6310	eet	
DALLAS DIVISI 10160 Technolog Dallas, TX 7522	gy Blvd., East	New Jersey NEW ORLEANS DI		lowa Kansas Missouri	(888) 803-1179 (888) 803-1179 (888) 803-1179	
Oklahoma Texas (Northern	(888) 336-4704) (888) 336-4704	3838 N. Causeway Lakeway III, Suite 1 Metairie, LA 70002	Blvd 800	Nebraska South Dakota	(888) 803-1179 (888) 803-1179	
DENVER DIVISI 115 inverness D Englewood, CO	rive, East 80112	Alabama Arkansas Louisiana Mississippi	(888) 514-8051 (888) 514-7302 (888) 514-7302 (888) 514-7302	WASHINGTON, D. Techworld Plaza 800 K Street, N.W. Washington, D.C. 2	20001	
Colorado Montana Utah Wyoming	(800) 326-6900 (800) 326-6900 (800) 326-6900 (800) 326-6900	NEW YORK DIVISI 99 Tenth Avenue New York, NY 1001	ON OFFICE	District of Columbia Maryland Virginia West Virginia	a (877) 801-7974 (877) 330-6670 (877) 801-7974 (877) 330-6670	
		New York	(877) 883-5789 (212) 337-1593 (212) 337-1594			

RENEWAL (NST - Page 4