READ INSTRUCTIONS BEFORE COMPLETING

APPLICATION FOR REGISTRATION
Under Controlled Substances Act of 1970

OMB NO. 1117-0014

DEA Form 224 (Nov. 1999)

USE BLACK INK

Name: Applicant or Business

(Last)

First, MI)

Taxpayer Identifying Number and/or Social Security Number

Proposed Business Address (When using a P.O. Box you must also provide a street address)

City State Zip Code

Applicant's Business Phone Number Applicant's Fax Number

Department of Defense

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

The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your Federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable. If you do not have a Federal Taxpayer Identifying Number, use your Social Security Number

REGISTRATION CLASSIFICATION:

1. BUSINESS ACTIVITY: (X only one)

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

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

3. DRUG SCHEDULES: (X all that apply)

- ☐ SCHEDULE II NARCOTIC
- ☐ SCHEDULE II NON NARCOTIC
- ☐ SCHEDULE III NARCOTIC
- ☐ SCHEDULE III NON NARCOTIC
- ☐ SCHEDULE IV
- ☐ SCHEDULE V

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

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

☐ Yes - State License No. ☐ Pending ☐ N/A

☐ Yes - State Controlled Substance No. ☐ Pending ☐ N/A

(b) MLP only: Applicant is authorized to engage in the following controlled substance activities by the state in which applicant practices.

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

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

ATTACH CHECK HERE

Continue on Reverse

ATTENTION