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DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
OFFICE OF CONTROLLED SUBSTANCES

TELEPHONE: (302) 744-4500
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APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – ADVANCED PRACTICE NURSES INSTRUCTION SHEET

General Information

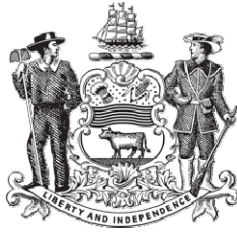
- **You must hold a Delaware Advanced Practice Nurse (APN) license *with prescriptive authority* before your application for a Delaware controlled substance registration (CSR) will be processed.**
 - If you do not already hold an APN license, file the [Application to Practice as an Advanced Practice Nurse](#).
 - If you already hold a Delaware APN license but do not yet have prescriptive authority, contact the [Board of Nursing office](#).
- If you don't already have prescriptive authority when you file this CSR application, you should receive your CSR 3-4 weeks *after* your prescriptive authority is approved. Please allow the 3-4 weeks to elapse before calling the office.
- Your Delaware CSR and all CSR-related correspondence must be mailed to the same address as your APN license.
- You need a Delaware CSR to prescribe or to store/dispense controlled substances in Delaware. ***Even if you have a CSR or DEA registration in another jurisdiction, you still need a Delaware CSR to prescribe or to store/dispense controlled substances in Delaware.***
- You need only one Delaware CSR to **prescribe** controlled substances in Delaware even if you prescribe controlled substances at more than one Delaware business/practice or more than one location of a business/practice. However, every Delaware location where controlled substances are dispensed/stored must be covered by a CSR. If no other practitioner (e.g., physician), physician assistant or APN holds a Delaware CSR for a location where you will **store/dispense**, as well as prescribe, controlled substances, you must file for an additional CSR for the location.
- You must file a [Collaborative Agreement Information for Advanced Practice Nurses](#) form to report any new/additional collaborative agreement. See **Reporting Collaborative Agreement Changes** below.
- When your Delaware CSR is approved, you must file for a [federal DEA registration](#) for Delaware. You must have **both a Delaware CSR and DEA registration for Delaware** before prescribing controlled substances in Delaware. A DEA registration in another jurisdiction is not sufficient for prescribing controlled substances in Delaware.

Requirements for All Applicants

- Submit completed, signed and notarized [Application for Controlled Substances Registration – Advanced Practice Nurses](#).
- Enclose the [processing fee](#) by check or money order made payable to "State of Delaware." The fee amount depends on how many controlled substance registrations you are applying for. Multiply the number of registrations applied for by the fee on the Fee Schedule.
- Arrange for your collaborator(s) to complete and sign the **PRACTICE AND COLLABORATIVE AGREEMENTS** section.
- If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - *The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants:* Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 *Del. C.* §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 *Del. C.* §2216) and for other lawful purposes.

Reporting Collaborative Agreement Changes

- If your collaborative agreement terminates, your CSR becomes null and void. You must notify the Office of Controlled Substances and return your certificate.
- If you enter into a new or additional collaborative agreement, you must file a [Collaborative Agreement Information for Advanced Practice Nurses](#) form. For example, if you already hold a Delaware CSR and you take a second job at another Delaware practice where you will prescribe controlled substances, you must report your collaborative agreement at the new job even though you do not need another Delaware CSR in this situation.



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APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – ADVANCED PRACTICE NURSES

For Office Use Only:

DE License # _____

DEA Check _____

Office Approval _____

Inspection _____

Registration # _____

TYPE OF APPLICATION

1. Show the type of Controlled Substance registration (CSR) application you are filing (check all that apply):

- I am applying for a new (*initial*) CSR. I have never held a Delaware CSR.
- I am *reapplying* for registration because my former Delaware CSR is lapsed. My previous Delaware CSR number was: _____
- I am applying for a CSR(s) for another location where controlled substances are stored/dispensed **and** no other practitioner (e.g., physician), physician assistant, or APN already holds a Delaware CSR for the location.

2. How many CSRs are you applying for? _____ **Enclose a fee for each CSR.**

3. Do you already hold a Delaware Advanced Practice Nurse license? Yes No If yes, enter your license number: **L**____ - _____

4. Do you have a Delaware Prescriptive Authority Number (from the Board of Nursing)? Yes No If yes, enter the prescriptive authority number: RXAPN _____

If you do not already hold a Delaware Advanced Practice Nurse license with prescriptive authority, allow 3-4 weeks *after* your prescriptive authority is approved to receive your CSR.

5. Do you have a federal DEA number? Yes No If yes, enter number: _____

When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. You must have both a Delaware CSR and DEA registration for Delaware *before* you prescribe controlled substances in Delaware.

6. Check the registration schedule(s) for which you are applying:

- Schedule II Schedule III Schedule IV Schedule V

IDENTIFYING INFORMATION

7. Name: _____

8. Other Names Used: _____
(Include maiden, prior married, alternate spellings)

9. Date of Birth (month/day/year): _____ Gender: Male Female

10. Have you been issued a U.S. Social Security Number? Yes No **If yes**, enter your SSN: _____
If no, you must file a [Request for Exemption from Social Security Number Requirement](#).

PRACTICE AND COLLABORATIVE AGREEMENTS

- 11. Do you intend to routinely prescribe controlled substances? Yes No
- 12. Complete the following information about **each** individual business/practice in Delaware where you will be prescribing controlled substances. Then arrange for your collaborator at **each** practice to sign where shown.

COLLABORATIVE AGREEMENT 1

Practice Name: _____

Location Address: _____
(If more than one location, enter main location. *No PO Box!*)

_____ DE _____
City State Zip

Business Phone: _____ Email: _____

A Collaborative Agreement with the applicant has been established. I am aware that this application is for a Delaware Controlled Substance registration, and if approved, the applicant will be able to prescribe drugs in the Schedules checked in Question 6 of this form provided that he/she obtains a DEA number.

Collaborator Signature: _____ Date: _____

Printed Name: _____ Delaware Professional License No: _____

COLLABORATIVE AGREEMENT 2

Practice Name: _____

Location Address: _____
(If more than one location, enter main location. *No PO Box!*)

_____ DE _____
City State Zip

Business Phone: _____ Email: _____

A Collaborative Agreement with the applicant has been established. I am aware that this application is for a Delaware Controlled Substance registration, and if approved, the applicant will be able to prescribe drugs in the Schedules checked in Question 6 of this form provided that he/she obtains a DEA number.

Collaborator Signature: _____ Date: _____

Printed Name: _____ Delaware Professional License No: _____

COLLABORATIVE AGREEMENT 3

Practice Name: _____

Location Address: _____
(If more than one location, enter main location. *No PO Box!*)

_____ DE _____
City State Zip

Business Phone: _____ Email: _____

A Collaborative Agreement with the applicant has been established. I am aware that this application is for a Delaware Controlled Substance registration, and if approved, the applicant will be able to prescribe drugs in the Schedules checked in Question 6 of this form provided that he/she obtains a DEA number.

Collaborator Signature: _____ Date: _____

Printed Name: _____ Delaware Professional License No: _____

If you need more room to list additional Delaware business/practice(s), you may copy this page and enclose it with the application.

DISCLOSURES

- 13. Have you ever been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution or dispensing of controlled substances? Yes No **If yes, attach a letter explaining the circumstances of such action.**
- 14. Have you had any previous registration under the controlled substances act, state or federal, surrendered, revoked, suspended, denied or pending such action? Yes No **If yes, attach a letter explaining the circumstances of such action.**
- 15. If my collaborative agreement terminates, I understand it is my responsibility to notify the Office of Controlled Substances, that my registration is voided and that I must return my certificate to the office. I understand that I must file a new registration application when a new collaborative agreement is established. Yes No

To assure consideration of your registration application, the Office of Controlled Substances must receive all of these items:

- **Completed, signed and notarized application form**
- **Fee payment**
- **All required supporting documentation.**

Applications that are not complete within six months of filing may be considered abandoned and discarded.

Please note: When your application is complete, allow 3-4 weeks to receive your registration.

AFFIDAVIT

I hereby certify that the facts stated in this application, including the statements on the attached schedule, are true, complete and correct and that application is made to obtain a biennial registration pursuant to the Uniform Controlled Substances Act.

I agree to abide to the laws of Delaware and the federal government.

Signature of Applicant: _____ **Date:** _____

Printed Name: _____

State of: _____ **County of:** _____

Sworn to before me and subscribed in my presence this _____ day of _____, 2_____

Signature of Notary: _____

SEAL

My Commission expires: _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR NOT ACCOMPANIED BY THE REQUIRED FEE WILL BE REJECTED.