



CANNON BUILDING  
861 SILVER LAKE BLVD., SUITE 203  
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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 – PRACTITIONERS (Other Than Physician’s Assistants And Advanced Practice Nurses) INSTRUCTION SHEET

### General Information

- **You must hold a Delaware practitioner license (e.g., Physician, Dentist, etc.) before your application for controlled substance registration (CSR) will be processed. If you do not already hold a practitioner license, you may apply concurrently for your practitioner license and CSR, or you may apply for the CSR later.**
- If you apply for your practitioner license and CSR(s) at the same time, you should receive your CSR 3-4 weeks *after* your professional license. Please allow the 3-4 weeks to elapse before calling the office.
- Your Delaware CSR certificate and all CSR-related correspondence must be mailed to the same address as your professional license.
- Your first Delaware CSR covers all Delaware locations where you may **prescribe** controlled substances. Typically, your main practice’s address is the location associated with this registration. However, if you **dispense** (i.e., give out) and or **store** controlled substances for patient administration at any *additional* locations, you or another practitioner in your practice must apply for a **separate CSR for each such location**.
- When your Delaware CSR is approved, you must then file for a [federal DEA registration](#) for Delaware. You need a separate federal DEA registration for each Delaware CSR. **You must have both a Delaware CSR and DEA registration for Delaware before you prescribe controlled substances in Delaware.**

### Requirements for All Applicants

- Submit completed, signed and notarized application form.
- Enclose [processing fee](#) by check or money order made payable to “State of Delaware.”
  - The amount of the fee 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.
- 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.



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### APPLICATION FOR CONTROLLED SUBSTANCES REGISTRATION – PRACTITIONERS (Other Than Physician’s Assistants And Advanced Practice Nurses)

For Office Use Only:

DE License #      DEA Check      Office Approval      Inspection      Registration #

#### TYPE OF APPLICATION

1. Show whether you are applying for a new Controlled Substance registration (CSR) or reapplying (check one):

I am applying for a new (*initial*) registration.       I am reapplying for registration.

2. Show the type of CSR you are applying for (check one):

Physician (DR)       Dentist (DE)       Podiatrist (PO)       Veterinarian (VE)       Exempt Official (EX)

3. Do you hold a Delaware Professional license? Yes  No  If yes, enter license number: \_\_\_\_\_

**If you do not already hold a Delaware professional license, allow 3-4 weeks after your professional license is issued to receive your CSR.**

4. Do you already have a Federal DEA number? Yes  No  If yes, enter DEA number: \_\_\_\_\_

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

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

Schedule II       Schedule III       Schedule IV       Schedule V

#### IDENTIFYING INFORMATION

6. Name: \_\_\_\_\_

7. Other Names Used: \_\_\_\_\_

8. Date of Birth (month/day/year): \_\_\_\_\_ Gender: Male  Female

9. 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](#).

#### LOCATION OF REGISTRATION

10. Do you intend to routinely prescribe controlled substances? Yes  No

11. Your first CSR covers all Delaware locations where you may **prescribe** controlled substances. Typically, your main practice's location is the address associated with this registration. In the box below, enter the **location** in Delaware to be associated with your first registration

**Enclose a Controlled Substance registration fee for your first registration.**

<b>FIRST REGISTRATION</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____		DE	_____
City		State	Zip
Phone: _____	Email: _____		
Do you intend to <b>dispense</b> (e.g., give out samples) or <b>store</b> controlled substances for patient administration at this location? Yes <input type="checkbox"/> No <input type="checkbox"/>			

12. Do you intend to **dispense** (e.g., give out samples) or **store** controlled substances for patient administration at any *other* location(s) in Delaware? Yes  No  If yes, you must apply for a separate registration for each additional location unless another practitioner has a controlled substance registration for that location. Complete the information below for **each** additional location where you plan to dispense or store controlled substances. If you need more room, attach an additional sheet with the same information

**Enclose an additional Controlled Substance registration fee for each location you list below.**

<b>ADDITIONAL REGISTRATION 1</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____		DE	_____
City		State	Zip
Phone: _____	Email: _____		

<b>ADDITIONAL REGISTRATION 2</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____		DE	_____
City		State	Zip
Phone: _____	Email: _____		

<b>ADDITIONAL REGISTRATION 3</b>			
<b>Location</b> Address: _____			
Street (No PO Box!)			
_____		DE	_____
City		State	Zip
Phone: _____	Email: _____		

**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.**

**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.***