



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

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

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

**CONTROLLED SUBSTANCES APPLICATION FOR PRACTITIONERS
(OTHER THAN PHYSICIAN'S ASSISTANTS AND ADVANCED PRACTICE NURSES)**

For Office Use Only:

	DE License #	DEA Check	Office Approval	Inspection	Registration #
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TYPE OF APPLICATION

- Show whether you are applying for a new registration or reapplying (check one):
 - I am applying for a new (*initial*) registration.
 - I am reapplying for registration.
- Show the type of registration you are applying for (check one):
 - Physician (DR) Dentist (DE) Podiatrist (PO) Veterinarian (VE) Exempt Official (EX)
- Show the registration schedule(s) you are applying for:
 - Schedule II Schedule III Schedule IV Schedule V

IDENTIFYING AND CONTACT INFORMATION

- Name: _____
- 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*.
- Date of Birth (month/day/year): _____
- Location of Practice Address** (*NO PO Boxes*): _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Email: _____
- Mailing Address** (*if different from location*): _____
 City: _____ State: _____ Zip Code: _____
- Delaware Professional License No: _____
- Federal DEA No: _____

DISCLOSURES

- 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.**
- 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.**

13. Do you intend to routinely dispense controlled substances? Yes No

14. Do you intend to store controlled substances for patient administration? Yes No

To assure consideration of your registration application, the OCS office 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 (6) months of filing may be considered abandoned and discarded. The OCS office will attempt to notify you before disposing of an abandoned application.

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

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 of Applicant

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

Signature of Notary

Notary seal

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