

Instructions for completing DEA Form 252 New CSOS Principal Coordinator/Alternate Coordinator Certificate Application

This application is for individuals applying to fulfill the role of CSOS Principal Coordinator or Alternate Coordinator. A Principal Coordinator shall be identified for each DEA Registration participating in the Controlled Substance Ordering System. The Principal Coordinator shall serve as an organization’s primary CSOS correspondence with regards to CSOS Certificate applications, renewals, and revocations for the DEA Registration(s) identified on their application. The Principal Coordinator applicant may be any individual employed by the organization. Submission of this application is not required if the DEA Registrant will serve the role of Principal Coordinator and has so indicated on his/her New CSOS DEA Registrant Certificate Application.

Optionally an organization may identify an Alternate Coordinator. Individuals acting as Alternate Coordinator shall serve as an organization’s CSOS contact in the absence of the Principal Coordinator for the DEA Registration(s) identified on their application. Alternate Coordinator applicants may be any individuals employed by the organization.

Principal Coordinator / Alternate Coordinator applicants will receive either a CSOS Administrative Certificate or a CSOS Power of Attorney Certificate dependant upon the applicant’s response to the questions posed in *Section – 2 Applicant Classification*.

An approved Principal Coordinator/Alternate Coordinator shall serve as the primary Local Registration Authority (LRA) for the DEA Registration(s) identified on their application. Serving in the role of LRA the Principal Coordinator/Alternate Coordinator shall be responsible for verifying the identity and applicability of organization personnel applying for a CSOS Certificate.

The information must be **TYPED** with the exception of signatures and the affirmations and the notary acknowledgement sections, which must be completed in blue or black ink. All required fields must be completed.

Section 1 – Applicant Information

Field Name	Required or Optional	Information Description
Applicant Last Name	Required	Enter the last name of the applicant.
Applicant First Name	Required	Enter the first name of the applicant.
Applicant MI	Required	Enter the middle initial of the applicant.
Applicant Social Security Number	Required	Enter the Social Security Number of the applicant. This information will be kept private and used for internal purposes as stated in privacy policy.

Field Name	Required or Optional	Information Description
Applicant Business Phone Number	Required	Enter the business phone number for the applicant. This phone number will be kept private and will be used only when necessary for correspondence concerning your CSOS application or CSOS digital certificate.
Applicant E-Mail Address	Required	Enter the business email address for the applicant. This email address will be kept private and will be used for correspondence concerning your CSOS application or CSOS
Applicant Mother's Maiden Name	Required	Enter mother's maiden name of the applicant. This information will be kept private and used for security purposes.
DEA Registration Num	Required	Enter the DEA Registration Number for which the applicant will be responsible. The number entered on the application MUST appear as it does on the registrant's DEA Registration Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
DEA Registration Name	Required	Enter the name of the DEA Registered location as it appears on the DEA 223 Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.
Applicant Business Address	Required	Enter the business address of the CSOS Coordinator applicant. This address may be used for correspondence concerning your CSOS application and/or CSOS certificate applications, renewals and revocations.

Section 2 – Applicant Classification

Field Name	Required or Optional	Information Description
Are you applying as Principle Coordinator Alternate Coordinator	Required	Check the appropriate box.

Field Name	Required or Optional	Information Description
Do you also wish to obtain a CSOS POA Certificate for signing controlled substance orders for the identified DEA Registration(s)?	Required	<p>Check the Yes box if the applicant would like to obtain a CSOS Power of Attorney Certificate for signing controlled substance orders for the identified DEA Registration.</p> <p>Check the NO box if the applicant is not interested in obtaining a CSOS Power of Attorney Certificate.</p>

Section 3 – Applicant/Notary Signature

Field Name	Required or Optional	Information Description
Applicant Signature	Required	The applicant must sign the application using blue or black ink. This signature must be applied IN THE PRESENCE of a certified notary public. The party signing this application must be the same party listed in section 1 – Applicant Information (First Name /Last Name/MI).
Notary Signature	Required	A CERTIFIED NOTARY PUBLIC must sign using blue or black ink and seal/stamp each page of the application.

Section 4 – DEA Registrant’s Affirmation of Delegation of Coordinator

Field Name	Required or Optional	Information Description
Organization Name	Required	The organization name under which the DEA registration(s) listed is registered as it is registered with state business licensing
Organization Address	Required	The organization address under which the DEA registration(s) listed is registered as it is registered with state business licensing.
Signature of DEA Registrant	Required	Signature of the DEA Registrant. The DEA Registrant is defined as the individual who signed the most recent application for DEA Registration or the individual authorized to sign the most recent application for DEA Registration. By signing this block, the DEA Registrant certifies that the applicant identified in Section 1 has been delegated to act as CSOS

		Coordinator for the above organization and identified DEA Registration(s).
Last Name	Required	Printed last name of the DEA Registrant.
First Name	Required	Printed first name of the DEA Registrant.

Section 5 – Applicant Signature

Field Name	Required or Optional	Information Description
Applicant Signature	Required	The applicant must sign the application using blue or black ink. This signature must be applied IN THE PRESENCE of a certified notary public. The party signing this application must be the same party listed in section 1 – Applicant Information (First Name /Last Name/MI).

Section 6 – Notary Acknowledgement

Field Name	Required or Optional	Information Description
Notary Acknowledgement	Required	A CERTIFIED NOTARY PUBLIC must complete the Acknowledgement section using blue or black ink. All fields in this section, including the notary seal/stamp must be completed. The Applicant must sign the application in the presences of the CERTIFIED NOTARY PUBLIC. It is the responsibility of the applicant to ensure that all information is completed.

Warning: When the applicant signs the application, he/she is stating that he/she has read, understands, and agrees to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate. He/She is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

CSOS Principal Coordinator/Alternate Coordinator Certificate Application

This application is for individuals applying to serve the role of CSOS Principal Coordinator or CSOS Alternate Coordinator. Applicants who hold a valid Power of Attorney (POA) to obtain and sign Schedules I and/or II controlled substance orders for the DEA Registrant(s) identified will receive a CSOS POA Certificate. Read instructions before completing.

Section 1 – Applicant Information

Applicant Last Name			
Applicant First Name			
MI	Applicant SSN Number	Applicant Bus. Phone	
Applicant E-Mail Address			
DEA Registration No.	DEA Registrant Name		
Security Code (e.g. Mother’s Maiden Name) <i>Letters only. Remember this code to ensure proper identification when you call.</i>			No. of Addendums
Applicant Business Address			
City	State	Zip	

Section 2 – Applicant Classification

1.	Are you applying as Principle Coordinator	Alternate Coordinator	
2.	Do you also wish to obtain a CSOS POA Certificate for signing controlled substance orders for the identified DEA Registrant(s)?		
	Yes	No	

Section 3 – Applicant/Notary Signature

Applicant Signature _____	Date _____
Notary Signature _____	Date _____

Section 4 – DEA Registrant’s Affirmation of Delegation of Coordinator

Organization Name _____

Organization Address _____

City _____ State _____ Zip _____

As the individual who signed the most recent application for DEA Registration or the individual authorized to sign the most recent application for DEA Registration for the DEA Registration numbers submitted with this application I certify the applicant listed in Section 1 has been delegated to act as CSOS Coordinator for the above organization and identified DEA Registrant(s).

Signature of DEA Registrant _____ **Date** _____

Last Name (Print) _____

First Name (Print) _____

Section 5 – Applicant Signature

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and the DEA CSOS Registrant Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand presenting false information is a criminal offense and is punishable by law.

Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

Applicant Signature _____ **Date** _____

Section 6 – Notary Acknowledgement

Instructions to Notary: 1. Modify this form where necessary to assure compliance with the laws of your jurisdiction. Use the back of the form if necessary. 2. Notary must fully complete the Acknowledgement below 3. Sign and seal/stamp both pages of the form. 4. Identification #1 must be a government-issued, widely recognized form of photo ID, such as Driver's License or Passport. ID #2 does not require a photo, but must be different form of ID. Examples: Valid government issued ID, employee ID card, utility or tax bill, major insurance card, and no more then one national credit card

State or Commonwealth of _____ **County of** _____ **Country** _____

On _____ **before me,** _____ **personally appeared** _____ **(Applicant) proved to me on the basis of the presentation of two forms of identification listed below to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same, and that by his/her signature on the instrument the person executed the instrument in my presence.**

ID #1 (with photograph) Type: _____ Identifying Number: _____ Expiration Date: _____
ID #2 (with photograph) Type: _____ Identifying Number: _____ Expiration Date: _____

Witness my hand and official seal.
Notary's Signature: _____ Notary Stamp/Seal
Notary's Name (Print or Type): _____
Notary's Address: _____
Notary's Phone: _____ My Commission Expires: _____