

Online Pharmacy Modified Registration Application - Page 1

Under the Ryan Haight Act, if you are a pharmacist, and your DEA-registered pharmacy falls within the definition of an "online pharmacy" (set forth in 21 U.S.C. 802(52)), your pharmacy must, beginning on April 13, 2009, obtain from DEA a modification of its registration authorizing it to act as an online pharmacy. DEA will issue a certificate of registration indicating that such modification has been granted. Please read the Federal Register notice to determine if you fall within the definition of an online pharmacy before submitting an application for such modification of registration. [74 FR 15596](#)

I have read 74 FR 15596, Implementation of the Ryan Haight Online Pharmacy Consumer Protection Act of 2008, and have determined that I fall within the definition of an online pharmacy. I want to continue this application to modify my registration to that of an Online Pharmacy.

I have read 74 FR 15596, Implementation of the Ryan Haight Online Pharmacy Consumer Protection Act of 2008, and have determined that I do not fall within the definition of an online pharmacy. I **do not** want to continue to modify my registration to that of an Online Pharmacy.

Next ->

DEA Registration/Application Update Request Login:

DEA Number - Not Case Sensitive)

Last Name or Business Name (Required - Not Case Sensitive)

As it appears on your registration. Example:

If "Smith, John Q MD" is on your registration, then enter: **Smith**

If "Smith's, Pharmacy" is on your registration, then enter: **Smith's**

If "Smith's Pharmacy" (no comma) is on your registration,
then enter: **Smith's Pharmacy**

SSN (Required if given on application)

Tax ID (Required if given on application)

Current Expiration Date (Required for registrants. Listed on registration certificate.)

Month Day of Month Year

State (from registered address) (Required).

State:

Zip (Required).

Zip

Login

Online Pharmacy Modified Registration Application - Page 2

Pursuant to section 311(d) of the Controlled Substances Act (21 U.S.C. 831(d)), you, as an online pharmacy, acknowledge and agree that thirty days prior to offering a controlled substance for sale, delivery, distribution, or dispensing, you must notify the Administrator and the State boards of pharmacy in any States in which you offer to sell, deliver, distribute, or dispense controlled substances. By fully completing and submitting this application, you will satisfy this requirement with respect to the Administrator. However, you must separately notify the State boards of pharmacy as required by the Act. You understand that subsequent online pharmacy registration renewals will be accomplished by the online process and the appropriate renewal fee will apply.

You, as an online pharmacy, acknowledge and understand that you may not engage in any activity of an online pharmacy as defined in 21 CFR 1300.04(b)(7) until your application for modified registration to act as an online pharmacy is granted and a Certificate of Registration indicating the modification is issued by the Administrator (DEA Form 223).

You, as an online pharmacy, understand that the Administrator may deny an application for a modification of registration if the Administrator determines that the issuance of such modification would be inconsistent with the public interest. In determining the public interest, the Administrator considers the factors listed in 21 U.S.C. 823(f).

- I have read/acknowledged the above requirements and I want to continue to modify my registration to that of an Online Pharmacy.
- I **do not** want to continue to modify my registration to that of an Online Pharmacy.

Next - >



HELP

Please enter all required information. Sections marked with a "*" require at least one entry.

[General Instructions.](#)

Online Pharmacy Information (Page 1)

Business Information

To Withdraw your online pharmacy request or status, please select the Withdraw button.

Pharmacist In Charge

* Last Name

* First Name

* Phone () - -


* Degree

Pharmacist In Charge

* Last Name

* First Name

* Phone () - -

* Degree 

* Pharmacist-in-Charge: States of Licensure

| State | License # | Expire Date | |
|---|----------------------|--|---------------------------------------|
| 1) VA | 2222222 | 05-30-2010 | <input type="button" value="Delete"/> |
| 2) <input type="text"/>  | <input type="text"/> | <input type="text"/>  | |
| 3) <input type="text"/>  | <input type="text"/> | <input type="text"/>  | |
| 4) <input type="text"/>  | <input type="text"/> | <input type="text"/>  | |
| 5) <input type="text"/>  | <input type="text"/> | <input type="text"/>  | |
| 6) <input type="text"/>  | <input type="text"/> | <input type="text"/>  | |

Pharmacy: All Internet site addresses owned by the online pharmacy to conduct online business activities (also known as the uniform resource locator or URL).

1. http://www.test.com

2.

3.

* URL

4.

5.

6.

Provide Practitioner's information that has a contractual relationship to provide medical evaluations or issue prescriptions for controlled substances, through referrals from the website or at the request of the owner or operator of the website, or any employee or agent thereof.

1. BA2721555

2.

3.

Practitioner's
DEA Number:

4.

5.

6.

Provide the Drug Enforcement Administration registration number of any pharmacy that delivers, distributes, or dispenses controlled substances pursuant to orders made on, through, or on behalf of the online pharmacy.

1. F99861306

2.

3.

Pharmacy's
DEA Number:










4.

5.

6.

Pharmacy: States in which the pharmacy is licensed to dispense controlled substances.

* Pharmacy: State(s) of Licensure

| State | License # | Expire Date | |
|--|----------------------|--|---------------------------------------|
| 1) VA | 2222222 | 03-30-2010 | <input type="button" value="Delete"/> |
| 2) <input type="text" value=""/>  | <input type="text"/> | <input type="text"/>  | |
| 3) <input type="text" value=""/>  | <input type="text"/> | <input type="text"/>  | |
| 4) <input type="text" value=""/>  | <input type="text"/> | <input type="text"/>  | |
| 5) <input type="text" value=""/>  | <input type="text"/> | <input type="text"/>  | |
| 6) <input type="text" value=""/>  | <input type="text"/> | <input type="text"/>  | |
| <input type="button" value="Add More"/> | | | |

WARNING: 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.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on these application/DEA forms pages is true and correct and understand that this constitutes an electronic signature for purposes of these applications/DEA forms only.

* Name of Certifying Applicant/Official

This electronic application/DEA form must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. [See 21 C.F.R § 1301.13\(j\)](#) for more information on who can certify this application

Once you select the Submit Button below, your application will be submitted, and no further changes will be possible using this online form.

Submit

< - Previous

- Cancel -



U.S. Department of Justice Drug Enforcement Administration

Office of Diversion Control

Registration Update to Online Pharmacy: Initial Requests, Changes and Withdrawals - Login

DEA Number (Required - Not Case Sensitive)

Last Name or Business Name (Required - Not Case Sensitive) As it appears on your registration. Example: If "Smith, John Q MD" is on your registration, then enter: **Smith** If "Smith's, Pharmacy" is on your registration, then enter: **Smith's** if "Smith's Pharmacy" (no comma) is on your registration, then enter: **Smith's Pharmacy**

SSN (Required if given on previous application)

Tax ID (Required if given on previous application)

-Month- -Day- -Year- **Current Expiration Date (Required. Listed on registration certificate.)**

-State- **State (from registered address) (Required).**

Zip (from registered address) (Required).

Login

ADDITIONAL INFORMATION

Form 224C *Approved OMB Form No. 1117-0014 Expires: 11/30/2011 (15 minutes)*

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is 1117-0014. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identification Number and/or Social Security Number on this application. This number is required for debt collection procedures if your fee is not collectible.

4. PRIVACY ACT INFORMATION

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-513) and Debt Collection Improvements Act of 1966 (PL 104-134) for SSN and/or TIN **PURPOSE:** To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970 **ROUTINE USES:** The Controlled Substances Act registration system produces special reports as required for statistical analytical purposes. Disclosures of information from this system are made to the following:

- A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes
- C. Persons registered under the Controlled Substances Act (PL 91-513) for the purpose of verifying registration

EFFECT: Failure to complete form will preclude processing of the application

[DEA OFFICE OF DIVERSION CONTROL PRIVACY POLICY](#)