



DIVERSION CONTROL DIVISION

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Attention Registrants: DATA-Waived Registration Update

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Registration Support

Call: 1-800-882-9539 (8:30 am-5:50 pm ET)
Email: DEA.Registration.Help@dea.gov
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Search for Year Round Pharmaceutical Disposal Locations



What's New

- [Isosciences, LLC \(PDF\)](#) (December 28, 2022)
- [Proposed Amendment: Temporary Placement of Etizolam, Flualprazolam, Clonazolam, Flubromazolam, and Diclazepam in Schedule I \(PDF\)](#) (December 23, 2022)
- [Final Rule: Removal of Fenfluramine From Control \(PDF\)](#) (December 23, 2022)
- [Jennings Staley, M.D.; Decision and Order \(PDF\)](#) (December 20, 2022)
- [Allan Alexander Rashford, M.D.; Decision and Order \(PDF\)](#) (December 19, 2022)
- [Stepan Company; Correction \(PDF\)](#) (December 15, 2022)
- [Sterling Pharma USA, LLC \(PDF\)](#) (December 12, 2022)
- [Scottsdale Research Institute \(PDF\)](#) (December 12, 2022)
- [VHG Labs dba LGC Standards \(PDF\)](#) (December 12, 2022)

DEA Forms & Applications

Publications & Manuals

Questions & Answers

Meetings & Events

Quick Links

- [ARCOS \(Automation of Reports & Consolidated Orders System\)](#)
- [Chemical Control Program](#)



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CSA Registration Online Mgmt Tools: NEW Registration

**Application for Registration Under Controlled Substances Act of 1970
(New Applicants Only)**

ON-LINE REGISTRATION CONSISTS OF SIX (6) SECTIONS. Please have the following information available **before** you begin the application:

Section 1. Personal/Business Information

If you are applying for an Individual Registration (Practitioner, MLP, Researcher) you are required to provide your Full Name, Address, Social Security Number, and Phone Number. If you are applying for a Business Registration, you are required to provide the Name of the Business, Address, Tax ID, and Phone Number.

Section 2. Activity

Business Activity and Drug Schedule information. In addition - Certain registrants for forms 225 and 510 will need to provide specific drug codes and/or chemical codes related to their operations.

Section 3. State License(s)

It is mandatory to provide State medical and/or controlled substance licenses/registrations. For mid-level practitioners, this includes supervisory agreements, with specific authority for controlled substances, if required by your state. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund**.

Section 4. Background Information

Information pertaining to controlled substances in the applicant's background.

Section 5. Payment

Payment, via this on-line application, must be made with a Visa or MasterCard, American Express, or Discover. **Application fees are not refundable.**

Section 6. Confirmation

Applicants will confirm the entered information, make corrections if needed, and electronically submit the application and a submission confirmation will be presented. Applicants will be able to print copies for their records.

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

Select Your Business Category

Form 224

[Practitioner \(MD, DO, DDS, DMD, DVM, DPM\)](#)

[Mid-Level Practitioner \(NP, PA, CR, etc.\)](#)

[Pharmacy](#)

[Hospital/Clinic](#)

[Teaching Institution](#)

[Automated Dispensing Machines \(Login\)](#)

Active Military Only

[Military Form 224](#)

Civil Service Practitioner/MLP

Assigned to Military Installations

[Form 224](#)

Federal Practitioner/MLP Assigned to

Federal Installations (Not Military or Contractor)

[Form 224](#)

Form 225

[Manufacturer](#)

[Importer](#)

[Exporter](#)

[Distributor](#)

[Reverse Distributor](#)

[Researcher](#)

[Canine Handler](#)

[Analytical Lab](#)

Form 363

[Narcotic Treatment Clinics](#)

Form 510

[Chemical Manufacturer](#)

[Chemical Importer](#)

[Chemical Exporter](#)

[Chemical Distributor](#)

Select One Business Activity



Practitioner Pre-application Checklist

1. This form is for **NEW** applicants only. If you need to renew your DEA registration, please navigate to the [registration renewal application](#).
2. Registering as a practitioner requires a **NON-REFUNDABLE** fee of \$888. If you are not sure you meet all the qualifications to obtain a DEA registration, or

As of June 21, 2023, due to the Consolidated Appropriations Act, 2023, you are required to self-attest that you meet any one of the following circumstances in order to proceed with the DEA Form 224 Application for Registration or the DEA Form 224a, Renewal of Registration Application:

- The physician holds a board certification in addiction psychiatry or addiction medicine from the American Board of Medical Specialties;
- The physician holds a board certification from the American Board of Addiction Medicine;
- The physician holds a board certification in addiction medicine from the American Osteopathic Association
- The physician has graduated from an accredited medical/osteopathic/dental school in the United States after June 21, 2017; or
- The physician has obtained 8 hours of training in the United States from any of the following organizations:

American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, American Osteopathic Association, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons, the American Psychiatric Association, or any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) or the Commission for Continuing Education Provider Recognition (CCEPR)

If these requirements have not been met, you will not be able to continue with your application or renewal.

OKAY

7. You may be exempt from the application fee if you are a **CURRENT** direct hire employee for a federal, state, or local government institution, or of a public university. The fee exemption is not applicable for future employment. The exemption will restrict the use of a DEA registration to government or university duties only. In accordance with [Title 21 CFR § 1301.21\(b\)](#), you must certify your status on the application. You may forfeit the fee exemption by not complying with this regulation. You must include your email address that is associated with the fee exempt location. You may be required to provide evidence of government or public university employment.

8. Please review [Title 21 CFR § 1301.12\(a\)](#) regarding the Registered address, referred to as a principal place of business or professional practice. Please include this address on the application. If you have extenuating circumstances, please contact your local [Registration Program Specialist](#) prior to applying. A home address is acceptable in the mailing address field.

9. A separate registration is required for each **state*** where controlled substances will be administered, prescribed, or dispensed. However, additional registrations are required if a practitioner maintains supplies of controlled substances at multiple locations within that state.



DIVERSION CONTROL DIVISION

CSA Registration Online Mgmt Tools: Personal Information

Personal Information

Last Name*	<input type="text" value="REDD"/>	?
First Name*	<input type="text" value="MARTIN"/>	?
Additional Company Information	<input type="text"/>	?
Business Address Line 1*	<input type="text" value="123 MAIN STREET"/>	?
Business Address Line 2	<input type="text"/>	?
City*	<input type="text" value="ARLINGTON"/>	?
State*	<input type="text" value="VIRGINIA"/>	?
Zip*	<input type="text" value="22202"/> (No dashes or spaces)	?
Business Phone Number*	<input type="text" value="(123) 456-7890"/> Ext. <input type="text"/>	?
Business Email Address*	<input type="text" value="MARTIN.REDD@DEA.GOV"/>	?
Contact Name	<input type="text" value="MARTIN REDD"/>	?
Contact Cell Phone Number*	<input type="text" value="(123) 456-7890"/>	?
Mailing Address <input checked="" type="checkbox"/> (Same as Registered Address)		
Additional Company Information	<input type="text"/>	?
Mailing Address Line 1*	<input type="text" value="123 MAIN STREET"/>	?
Mailing Address Line 2	<input type="text"/>	?
City*	<input type="text" value="ARLINGTON"/>	?
State*	<input type="text" value="VIRGINIA"/>	?
Zip*	<input type="text" value="22202"/> (No dashes or spaces)	?

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[See Checklist](#)

CSA Registration Online Mgmt Tools: Personal Information - Page 2

Enter a Social Security Number (Individuals) or Taxpayer Identifying Number(Individuals/Businesses)
If you are Fee Exempt, check the Fee Exempt box below and supply the required information.

Tax ID (No dashes or spaces) ?

SSN (No dashes or spaces) ?

For Fee Exempt Applicants ONLY:

By checking this box, the applicant hereby CERTIFIES that they are a Government employee (not a contractor) of a federal, state, or local government agency, or if an institution, it is OPERATED by a government agency and is exempt from the payment of the application fee.

CERTIFICATION FOR FEE EXEMPTION - Government Only ?

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[Cancel](#)



DIVERSION CONTROL DIVISION

CSA Registration Online Mgmt Tools: Business Activity/Schedules

Your business activity is: PRACTITIONER

DRUG SCHEDULES [[Schedule Details](#)]

Select all that apply ?

- | | |
|--|--|
| <input type="checkbox"/> Schedule 2 Narcotic | <input type="checkbox"/> Schedule 2 Non Narcotic |
| <input type="checkbox"/> Schedule 3 Narcotic | <input type="checkbox"/> Schedule 3 Non Narcotic |
| <input type="checkbox"/> Schedule 4 | <input type="checkbox"/> Schedule 5 |

Check here if you require order forms to only **purchase** Schedule I and II from suppliers. ?

National Provider ID

 ?

Professional Degree*

- Select Degree - ?

Date of Birth*

 ?

Graduation Year
(Medical/Professional School)*

-Year- ?

Medical/Professional School*

 ?

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[See Checklist](#)

CSA Registration Online Mgmt Tools: Business Activity/Schedules

Your business activity is: PRACTITIONER

DRUG SCHEDULES [\[Schedule Details\]](#)

Select all that apply ?

- Schedule 2 Narcotic
- Schedule 2 Non Narcotic
- Schedule 3 Narcotic
- Schedule 3 Non Narcotic
- Schedule 4
- Schedule 5

Check here if you require order forms to only **purchase** Schedule I and II from suppliers. ?

National Provider ID

Professional Degree*

MEDICAL DOCTOR ?

Date of Birth*

- Select Degree -
ASSISTANT PHYSICIANS
DOCTOR OF DENTAL MEDICINE
DOCTOR OF DENTAL SURGERY
DOCTOR OF OSTEOPATHIC MEDICINE
DOCTOR OF PODIATRIC MEDICINE
DOCTOR OF VETERINARY MEDICINE
MEDICAL DOCTOR

Graduation Year
(Medical/Professional School)*

Medical/Professional School*

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The questions below will appear and would require a yes to at least one of the 3 questions to proceed.

Do you have a board certification in addiction management?

Yes No

Have you graduated from medical/osteopathic/nursing school in the last 5 years?

Yes No

Have you completed 8 hours of training regarding the treatment and management of patients with opioid or other substance use disorders by a certified association? ([click for complete list](#))

Yes No

****If the applicant selects anything other than DMV, the check yes/no blocks will be mandatory to proceed at this point in the application/renewal.**



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[See Checklist](#)

CSA Registration Online Mgmt Tools: Business Activity/Schedules

Your business activity is: PRACTITIONER

DRUG SCHEDULES [\[Schedule Details\]](#)

Select all that apply ?

- | | |
|---|---|
| <input checked="" type="checkbox"/> Schedule 2 Narcotic | <input checked="" type="checkbox"/> Schedule 2 Non Narcotic |
| <input checked="" type="checkbox"/> Schedule 3 Narcotic | <input checked="" type="checkbox"/> Schedule 3 Non Narcotic |
| <input checked="" type="checkbox"/> Schedule 4 | <input checked="" type="checkbox"/> Schedule 5 |

Check here if you require order forms to only **purchase** Schedule I and II from suppliers. ?

National Provider ID

Professional Degree*

DOCTOR OF VETERINARY MEDICINE

Date of Birth

12/05/1970

Graduation Year
(Medical/Professional School)*

2010

Medical/Professional School*

Vet School

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All Questions will grey out due to the Doctor of Vet Med selected.

Do you have a board certification in addiction management?

Yes No

Have you graduated from medical/osteopathic/nursing school in the last 5 years?

Yes No

Have you completed 8 hours of training regarding the treatment and management of patients with opioid or other substance use disorders by a certified association ([click for complete list](#))

Yes No

****If the applicant selects "Doctor of Veterinary Medicine, the check yes/no blocks will grey out on both questions to allow the Veterinarian to proceed.**

Master Information for DEA Number: AB2333386

STATUS: ACTIVE

Expiration Date: **07/31/2023**
Last Renewed: 06/23/2020
Cert. Last Issued: 06/24/2020
Registration Date:
Date of Record: 01/01/1990
NADDIS No:

Office Name: [COLUMBIA \(61\)](#)
Web Tracking Id: 9246281
E-Signature: ROBERT D. BOONE, MD
Cert. Print: NO
Carfentanil: NO
RFRA: NO

ARCOS Status: NONREPORTABLE
CMEA Status: NO
DTL Status: NO
QUOTA Eligible: NO
Marijuana Grower: NO
Hemp: NO
Treatment Certified: YES

SECTION 1 & 2 [UPDATE](#)

Business Activity: PRACTITIONER
Last Name: BOONE

Restricted Address:

Additional Company Info.: AIKEN OB/GYN ASSOCIATES

Registrant Address: 410 UNIVERSITY PKWY
STE 1550
AIKEN, SC 29801-6838

Phone No.: (803) 649-7535 EXT.:

Contact Name:

Contact Cell: (803) 640-7535

SSN: 250116249

Professional School: UNIV OF SC

NPI: 1164440020

Degree: MD
First Name: ROBERT D.

Additional Company Info.: AIKEN OB/GYN ASSOCIATES

MailTo Address: 410 UNIVERSITY PKWY
STE 1550
AIKEN, SC 29801-6838

Fax No.: (803) 648-8771

Contact Email: ADCONCEPT1@BELLSOUTH.NET

Tax ID:

Graduation Year: 1983

Date of Birth: 05/04/1957

Master Information for DEA Number: AW9296624

STATUS: ACTIVE

Expiration Date: **05/31/2023**
Last Renewed: 05/11/2020
Cert. Last Issued: 05/11/2020
Registration Date:
Date of Record: 01/01/1990
NADDIS No:

Office Name: COLUMBIA (61)
Web Tracking Id: 9141963
E-Signature: MICHAEL J. WELLS
Cert. Print: NO
Carfentanil: NO
RFRA: NO

ARCOS Status: NONREPORTABLE
CMEA Status: NO
DTL Status: NO
QUOTA Eligible: NO
Marijuana Grower: NO
Hemp: NO
Treatment Certified: NO

SECTION 1 & 2 UPDATE

Business Activity: PRACTITIONER
Last Name: WELLS
Additional Company Info.: AIKEN COUNTY ANIMAL SHELTER
Registrant Address: 333 WIRE RD
AIKEN, SC 29801
Phone No.: (803) 642-1537 EXT.:
Contact Name: MICHAEL JAY WELLS
Contact Cell: (803) 646-3168
SSN: 349462137
Professional School: UNIVERSITY OF ILLINOIS
NPI:

Degree: DVM
First Name: MICHAEL
Additional Company Info.: WARMER PASTURES LTD
MailTo Address: 699 OLD DIBBLE RD
AIKEN, SC 29803
Fax No.: (803) 642-3931
Contact Email: DRSQTRS@BELLSOUTH.NET
Tax ID: 34-9462137
Graduation Year: 1978
Date of Birth: 08/31/1952