

## Guideline for Obtaining a Research Drug Enforcement Agency (DEA) License for Controlled Drugs

All ASU Principal Investigators using controlled substances for animal-based teaching or research must obtain and maintain their own Research DEA license.

Applying for a Research DEA License:

**Original Application** - To obtain a DEA license for research purposes, log on to the DEA website at <http://www.deadiversion.usdoj.gov/drugreg/index.html> and click on "New Applications." Once redirected, see the pages below for step-by-step instructions for completing this online application (**form 205**). While there are costs listed in the dropdown menu from which you select your business activity, your application will be exempt from these charges. The application takes about 15 minutes to complete, but it takes 4-6 weeks to obtain the license so plan ahead. If you require additional assistance during the application process, you may contact the DEA office in Phoenix directly (602-664-5600) or DACT (Dr. Dale DeNardo, [denardo@asu.edu](mailto:denardo@asu.edu), 480-965-3325). For investigators who are collaborators, you may elect to obtain one DEA license and then list all of the locations where the controlled substances will be stored. Please remember that the person whose name is on the DEA license is legally responsible for all sites listed under that license number.

**Application Renewal** – The DEA license needs to be renewed annually. Use the same DEA website address provided above, but select "Renewal Applications" instead. Complete the online form (**form 205a**). The following step-by-step process for completing the original application is also helpful when completing details of the renewal application.



U.S. Department of Justice Drug Enforcement Administration  
**Office of Diversion Control**

**Application for Registration Under Controlled Substance 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)**

Information pertaining to current State medical and/or controlled substance licenses/registrations.

**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 -** Practitioners(MD,DO,DDS,DMD,DVM,DPM), Mid Level Practitioners (NP, PA, OD, etc.), Pharmacies, Hospitals/Clinics, Teaching Institutions
- Form 225 -** **Manufacturers, Import/Export, Distributors, Researchers, Dog Handlers, Labs**
- Form 510 -** Chemical: Manufacturers, Import/Export, Distributors
- Form 363 -** Treatment Clinics

**Select One Business Activity**

Applying for a registration with the wrong Business Category/Activity will cause either delay in processing your application or the withdrawal of your application. If you are not certain of your Business Category/Activity, please contact DEA Customer Service at 1-800-882-9539.

**RESEARCHER (II-V) ( \$244 / 1 YRS)**

*Please do not use your browser's BACK and FORWARD buttons while navigating this form.*

**Begin**

**-Cancel-**

## ADDITIONAL INFORMATION

**Form 224** *Approved OMB Form No. 1117-0014 Expires: 11/30/2011 (12 minutes)*  
**Form 225** *Approved OMB Form No. 1117-0012 Expires: 03/31/2012(15 minutes)*  
**Form 510** *Approved OMB Form No. 1117-0031 Expires: 03/31/2013 (15 minutes)*  
**Form 363** *Approved OMB Form No. 1117-0015 Expires: 03/31/2012 (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 (See Above). Public reporting burden for this collection of information is estimated to average (See Above) 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 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**  
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

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



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**HELP**

Please make any required changes to the address information on this page. If you have not changed your address, please select Next to continue.

[General Instructions.](#)

1. General Information (Page 1)

<b>* Last Name</b>	<input type="text"/>
<b>* First Name, Middle Initial, (Degree)</b>	<input type="text"/>
<b>Additional Company Information</b>	<input type="text"/>
<b>* Business Address Line 1</b>	<input type="text"/>
<b>Address (Line 2)</b>	<input type="text"/>
<b>* City</b>	<input type="text"/>
<b>* State</b>	<input type="text" value="-State-"/>
<b>* Zip</b>	<input type="text"/> - <input type="text"/>
<b>* Business Phone Number</b>	( <input type="text"/> ) <input type="text"/> - <input type="text"/> Ex. <input type="text"/>
<b>Fax Number</b>	( <input type="text"/> ) <input type="text"/> - <input type="text"/>
<b>Business Email Address</b>	<input type="text"/>
<b>Contact Name</b>	<input type="text"/>
<b>Mailing Address</b>	<input type="checkbox"/> (Check if same as business address)
<b>Additional Company Information</b>	<input type="text"/>
<b>*Mail to: Address Line 1</b>	<input type="text"/>
<b>Mailing Address (Line 2)</b>	<input type="text"/>
<b>* City</b>	<input type="text"/>
<b>* State</b>	<input type="text" value="-State-"/>
<b>* Zip</b>	<input type="text"/> - <input type="text"/>
<input type="button" value="-Cancel-"/> <input type="button" value="Next-&gt;"/>	



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**HELP**

Please select a Tax ID or Social Security Number if no Tax ID is available, OR certify that you are Fee Exempt.

[General Instructions.](#)

**1. Personal Information (Page 2)**

**Enter a Social Security Number or Taxpayer Identifying Number**  
**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 states that they are a federal, state, or local government operated hospital, institution, or official, and is exempt from the payment of the application fee.

**CERTIFICATION FOR FEE EXEMPTION - Government Only**

If you select Fee Exempt, the next page will prompt you to provide the Name, Title, and phone number of the Certifying Official (**applicants must not certify themselves**).

**<-Previous**

**Next->**

**-Cancel-**

ENTER YOUR SSN

CHECK BOX FOR FEE EXEMPTION IF APPROPRIATE



<b>HELP</b>	<b>1. Personal Information (Page 3 - Fee Exempt Details)</b>
<p><b>Certifier's Approval</b>  <b>Checkbox:</b> Click here to indicate that the certifying official agrees to the terms outlined on the Fee Exempt page.</p> <p><a href="#">General Instructions.</a></p>	<p>Please provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves).</p>
	<p>* Name of Fee Exempt Institution (Must be a Federal, State, or County Agency) <span style="float: right;">Arizona State University</span></p>
	<p>* Certifying Official Name (other than applicant) <span style="float: right;">Joanne Wamsley</span></p>
	<p>* Certifying Official Title <span style="float: right;">Sr Associate VP Finance</span></p>
	<p>* Certifying Official Phone Number <span style="float: right;">( 480 ) 965 - 6940</span></p> <p>By checking the following box, the applicant states that the certifying official listed above has consented to be named on this application for the purpose of certifying the applicant's Fee Exempt status.</p> <p><input checked="" type="checkbox"/> <b>I have read the above, and agree.</b></p> <p><i>Fields with a (*) are required.</i></p>
	<p><span style="border: 1px solid black; padding: 2px 10px;">&lt;-Previous</span>      <span style="border: 1px solid black; padding: 2px 10px;">Next-&gt;</span></p> <p style="margin-top: 20px;"><span style="border: 1px solid black; padding: 2px 10px;">-Cancel-</span></p>

ENTER EXEMPTION DETAILS EXACTLY HAS HIGH-LIGHTED ABOVE.



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**HELP**

Please make any requested changes to your registered schedules.

[General Instructions.](#)

**2. Business Activity/Schedules**

Your business activity is: RESEARCHER (II-V)

**DRUG SCHEDULES** [see schedules](#)

Select all that apply

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Schedule II Narcotic | <input type="checkbox"/> Schedule III Non Narcotic |
| <input type="checkbox"/> Schedule II Non Narcotic        | <input type="checkbox"/> Schedule IV               |
| <input type="checkbox"/> Schedule III Narcotic           | <input type="checkbox"/> Schedule V                |

Check here if you require order forms. (Schedule I and II only)

*Fields with a (\*) are required.*

**<-Previous**

**Next->**

**-Cancel-**

SELECT APPROPRIATE SCHEDULE.

TIP: IF YOU USE KETAMINE, K/X OR K/X/A, CHOOSE SCHEDULE III NON-NARCOTIC.

OTHER COMMONLY USED SCHEDULED DRUGS:

SCHEDULE II NARCOTIC - DEMEROL, FENTANYL, HYDROMORPHONE, OXYMORPHONE

SCHEDULE II NON-NARCOTIC - NEMBUTAL

SCHEDULE III NARCOTIC - BUPRENORPHINE

SCHEDULE III NON-NARCOTIC - EUTHANASIA SOLUTION, BEUTHANASIA D, TELAZOL

SCHEDULE IV - BUTORPHANOL, DIAZEPAM, VALIUM, MIDAZOLAM

THESE ARE NOT SCHEDULED DRUGS:

ACEPROMAZINE, XYLAZINE, ANTISEDAN, DORMITOR





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**HELP**

Please enter state license numbers, issuing states, and expire dates.

[General Instructions.](#)

**3. State Licenses**

**All applicants are required to answer the following:**

You must be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate

**\* State License**

State License Number:

State License State:

Expire Date:

*Sections with a (\*) require all data fields to be entered.*

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[Next->](#)

[-Cancel-](#)

**DO NOT FILL IN ANY OF THE INFORMATION ON THIS PAGE. CLICK NEXT**





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### HELP

**Questions** Applicants must answer all questions.  
 NOTE: If question 4 is not applicable to you, select 'No.'

[General Instructions.](#)

## 4. Background Information

All applicants are required to answer the following 4 questions:

(1) \* Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or is any such action pending?

Yes  No

(2) \* Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?

Yes  No

(3) \* Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

Yes  No

(4) \* If the applicant is a corporation (other than a corporation whose stock is owned or traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substances under state or federal law, or ever surrendered, for cause, or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

Yes  No

*Fields with a (\*) are required.*

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[Next->](#)

[-Cancel-](#)

CLICK THE RADIO BUTTON FOR THE APPROPRIATE ANSWERS; CLICK NEXT

Select a schedule to add drug codes for that schedule.

Schedule I \*

Schedule II Narcotic \*

Schedule II Non Narcotic \*

Schedule III Narcotic \*

Schedule III Non Narcotic \*

Schedule IV \*

Schedule V \*

List I Chemicals \*

Schedules marked with a '\*' do not require drug codes to be entered.

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

## Select Drug Codes

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

More details regarding drug schedules can be found in [21 CFR 1308](#).

## Drug Codes Selected

- No Codes Selected -

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Next->

-Cancel-

YOUR SELECTIONS FROM PREVIOUS PAGES, IF ANY, SHOULD APPEAR HERE.  
CLICK NEXT



<b>HELP</b>	<b>5. Credit Card Information</b>
<p><b>Card Type:</b> Select the type of credit card. <b>This is a required field.</b></p> <p><a href="#">General Instructions.</a></p>	<p>A non-refundable fee of \$244 will be charged to your credit card upon submission of this application.</p>
	<p> <input type="radio"/> Visa                   <input type="radio"/> Mastercard                   <input type="radio"/> American Express                   <input type="radio"/> Discover             </p>
	<p>* Card Number <input type="text"/></p>
	<p><b>EXPIRATION DATE</b></p> <p>* Month: <input type="text"/> -Month- <input type="text"/>      * Year: <input type="text"/> -Year- <input type="text"/></p>
	<p>* Name of Credit Card Holder(as it appears on the card)</p> <p>* Name <input type="text"/></p>
	<p><b>Address of Credit Card Holder:</b></p> <p>* Address <input type="text"/></p>
	<p>Address2 <input type="text"/></p>
	<p>* City <input type="text"/></p>
	<p>* State <input type="text"/> -State- <input type="text"/></p>
	<p>* Zip <input type="text"/></p>
<p><i>Fields with a (*) are required.</i></p>	
<p> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value=" &lt;- Previous "/> <span style="margin: 0 20px;"></span> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value=" Next -&gt; "/> </p> <p style="text-align: center; margin-top: 10px;"> <input style="border: 1px solid black; padding: 2px 10px;" type="button" value=" -Cancel- "/> </p>	

IF YOU DID NOT SELECT FEE EXEMPT ON SCREEN 4, YOUR PAYMENT INFORMATION SHOULD BE ENTERED ON THIS PAGE; CLICK NEXT WHEN COMPLETE.

IF YOU DID SELECT FEE EXEMPT, YOU SHOULDN'T EVEN SEE THIS PAGE.



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## Summary of Information

Please review your responses. Click the change buttons on the left to make any required changes, then submit the application using the Submit button below.

**STEP - 1 PERSONAL INFO**

First Name, MI:

Last Name:

Address:

**Change**

City:

State:

Zip:

Phone:

Fax:

SSN:

**Change**

Tax ID:

Fee Exempt:

Institution Name: Arizona State University

Certifying Official's Name: Joanne Wamsley

**Change**

Certifying Official's Title: Sr Associate VP Finance

Certifying Official's Phone: 480- 965- 6940

THE INFORMATION YOU ENTERED ON PREVIOUS PAGES SHOULD APPEAR ON THIS PAGE AND THE NEXT; REVIEW FOR ACCURACY.

**STEP - 2 BUSINESS ACTIVITY**

Business Activity: RESEARCHER (II-V)

**Change**

Drug Schedule:

Requested Order

SCREEN 11b

Forms?

No

STEP - 3 STATE LICENSES

Change

State License:

Number:  
State:  
Expires: - -

STEP - 4 BACKGROUND

Change

Background  
Questions:

#1 (Controlled Substance Conviction?) :  
#2 (Federal suspension/denial) :  
#3 (State suspension/denial) :  
#4 (Corporate Officer Controlled Substance Conviction) :

Change

Drug Codes Selected

Drug Codes

**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.

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 (For individual registrants, the registrant themselves MUST complete this E-Signature)**

**\*Certifier Name:**

← ENTER YOUR NAME HERE

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  
Application

-Cancel-



U.S. Department of Justice Drug Enforcement Administration  
**Office of Diversion Control**

**Application 225 Successfully Submitted.**

**Your Application has been successfully submitted.**

**Internet Tracking number:**  
**Registration Control Number is:**

It is recommended that you use your browser's print function to **print a copy of this page** for your records.

Your application will be reviewed and will be processed when the review is complete. This process normally takes 4 to 6 weeks.

**If you wish to make changes to the data you have submitted, you must contact DEA directly. Changes cannot be made by submitting a new application using this online tool. Please wait 2 business days before contacting DEA concerning this application. 1-800-882-9539**

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**It is recommended you print a detailed receipt using your browser's print function by selecting the Print Browser button below.**

**Print Receipt**

**Exit**

THERE WILL BE NUMBERS ASSIGNED IN THE INTERNET TRACKING AND REGISTRATION CONTROL NUMBER FIELDS ABOVE.

PRINT THIS PAGE FOR YOUR RECORDS! DONE!