Guideline for Obtaining a Research Drug Enforcement Agency (DEA) License for Controlled Drugs
All ASU Principal Investigators who possess controlled substances for animal-based teaching or research must obtain and maintain their own Research DEA license. The license is free and relatively easy to apply for. To aid in the process, we have created tutorials for both obtaining your original license and for renewing an existing license (which must be done on an annual basis).

Applying for a Research DEA License:

**Original Application** - To obtain a new DEA license for research purposes, log on to the DEA website at [https://www.deadiversion.usdoj.gov](https://www.deadiversion.usdoj.gov) and click on “New Applications.” Once redirected, see the pages below for step-by-step instructions for completing this online application. The application takes about 15 minutes to complete, but it can take 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 (602-605-6547) or DACT (Dr. Dale DeNardo, denardo@asu.edu, 480-965-3325).

**Application Renewal** – The DEA license needs to be renewed annually. Use the same DEA website address ([https://www.deadiversion.usdoj.gov](https://www.deadiversion.usdoj.gov)), but select “Renewal Applications” instead. Then, scroll past the tutorial below on “Applying for a New DEA License” and follow the step-by-step tutorial for “Renewing a DEA License”.
Applying for a New DEA License

Select “New Application”.
Select "Researcher".
After selecting “Researcher”, a “Please Select” box will appear. Within that box, select “RESEARCHER (II-V) ($244 / 1 yrs)”. Even with this selection, you will be exempt from paying. Click “Begin”.
Enter your social security number and check the fee exemption box. Then click “Next ->”.

Complete this entire page; then click “Next ->”.

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**General Information (Page 1)**

- Last Name
- First Name, Middle Initial, (Optional)
- Additional Company Information
- Business Address Line 1
- Address (Line 2)
- City
- State
- Zip
- Business Phone Number
- Business Email Address
- Contact Name
- Contact Cell Phone Number
- Mailing Address
- Additional Company Information
- Mailing Address (Line 2)
- City
- State
- Zip

Fields with (*) are required.

- Cancel
- Next ->

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**Personal Information (Page 2)**

Enter a Social Security Number or Taxpayer Identifying Number.

- Tax ID
- SSN

For Fee Exempt applicants only:

- 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
Select the drug schedules that you will be using. Schedules of frequently used include:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Schedule</th>
</tr>
</thead>
<tbody>
<tr>
<td>buprenorphine</td>
<td>III narcotic</td>
</tr>
<tr>
<td>diazepam</td>
<td>IV non-narcotic</td>
</tr>
<tr>
<td>euthanasia solution</td>
<td>III non-narcotic</td>
</tr>
<tr>
<td>Fatal-Plus</td>
<td>II non-narcotic</td>
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<tr>
<td>hydromorphone</td>
<td>II narcotic</td>
</tr>
<tr>
<td>ketamine</td>
<td>III non-narcotic</td>
</tr>
<tr>
<td>methohexital (Brevital)</td>
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<tr>
<td>oxymorphone</td>
<td>II narcotic</td>
</tr>
<tr>
<td>tramadol</td>
<td>IV narcotic</td>
</tr>
</tbody>
</table>

Find all drug schedules at: [https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf](https://www.deadiversion.usdoj.gov/schedules/orangebook/c_cs_alpha.pdf)

Also, if you use schedule I or II drugs, check the box to receive the needed order forms. Click “Next ->”.

Skip this page, and simply select “Next ->”.
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.

Failure to provide valid and active state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund.

State License Number: [ ]

State License State: [ ]

Expire Date: [Month] [Day] [Year]

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

Answer these questions; then click on “Next ->”.

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 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 and traded by the public, association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered 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
Typically you can skip this section and simply click on “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 Chefsdrugs *

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.

Drug Codes Selected
- No Codes Selected
Review, e-sign, and submit.

Print your receipt and exit. You’re done!
Renewing a DEA License

Click on “Renewal Application”.

Enter the requested information, which can be found on your current license.

<table>
<thead>
<tr>
<th>DEA Registration Renewal Form Login:</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEA Number (Not Case Sensitive)</td>
</tr>
<tr>
<td>Last Name or Business Name (Not Case Sensitive) As it appears on your CURRENT DEA Certificate of Registration.</td>
</tr>
<tr>
<td>Example: If &quot;Smith, John Q MD&quot; is on your registration/application, then enter: Smith</td>
</tr>
<tr>
<td>If “Smith’s, Pharmacy” is on your registration/application, then enter: Smith’s</td>
</tr>
<tr>
<td>If &quot;Smith’s Pharmacy&quot; (no comma) is on your registration, then enter: Smith’s Pharmacy</td>
</tr>
<tr>
<td>SSN (Required if provided on last application for a DEA registration)</td>
</tr>
<tr>
<td>Tax ID (Required if provided on last application for a DEA registration)</td>
</tr>
<tr>
<td>Current Expiration Date (Current Expiration Date (In most cases, you will NOT be able to access your registration information if today’s date is more than sixty (60) days prior to the expiration date)</td>
</tr>
<tr>
<td>(Month) (Day) (Year)</td>
</tr>
<tr>
<td>State (from DEA Certificate of Registration)</td>
</tr>
<tr>
<td>Zip (from DEA Certificate of Registration)</td>
</tr>
</tbody>
</table>

Please do not use your browser’s BACK and FORWARD buttons while navigating this form. Login
Your social security number should self-populate, so simply check the fee exemption box.

Fill in the information exactly as shown in the picture.
Select the drug schedules that you will be using. Schedules of frequently used include:

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Also, if you use schedule I or II drugs, check the box if you need more order forms.

Skip this page, and simply select “Next ->”.

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[Image: Diversion Control Division]

**2. Business Activity/Schedules**

Your business activity is: RESEARCHER (II-V)

Please make any requested changes to your registered schedules below, and select Next to continue.

**DRUG SCHEDULES**

- Select all that apply

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

- Check if necessary

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

**<-Previous**  **Next->**  **<-Cancel-**

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[Image: Diversion Control Division]

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Failure to provide valid and ACTS state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund.

Enter your state license number. This is a required field.

**State License Number:**

**State License State:**

**Expire Date:**

- **Month:**
- **Day:**
- **Year:**

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

**<-Previous**  **Next->**  **<-Cancel-**
Answer these questions.

Typically you can skip this section.
Review, e-sign, and submit.

Print your receipt and exit. You’re done!