Fee Waived DEA Certificates, also called Exempt or Restricted, are only valid for the course and scope of your training. The institution(s) your program has scheduled rotations has no bearing on prescribing and there is no difference in prescribing capabilities between an “Exempt/Restricted” and “Paid” DEA Certificate.

These DEA Certificates are institution specific and not valid for moonlighting.

Please contact Robyn Meehan (rmeehan@ucsd.edu or (619) 543-7242) for assistance if you have any questions.

Link to initiate the DEA application process:
https://www.deadiversion.usdoj.gov/webforms/jsp/regapps/common/newAppLogin.jsp

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

#### Select Your Business Category
- Form 224
  - Practitioner (MD, DO, DDS, DMD, DVM, DPM)
  - Mid Level Practitioner (NP, PA, CRN, etc.)
  - Pharmacy
  - Hospital/Clinic
  - Teaching Institution
- Form 225
  - Manufacturer
  - Importer
  - Exporter
  - Distributor
  - Rev. Distributor
  - Researcher
  - Canine Handler
  - Analytical Lab
- Form 510
  - Chemical Manufacturer
  - Chemical Importer
  - Chemical Exporter
  - Chemical Distributor
- Form 363
  - Narcotic 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 800-239-3079.

**PRACTITIONER (5731 / 3 YRS)**

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

**Begin**

**-Cancel-**

This is correct for both exempt and purchased Certificates. The fee waiver is addressed further into the application.

### Practitioner Pre-application Checklist

Applicants are strongly encouraged to review the information provided on this page as it is both important and relevant to the application process.

☑️ I have read and understood the information and agree to the terms outlined above.
The “Help” feature changes with each new screen to answer any anticipated questions and will provide examples where applicable.

Complete the form below as instructed.

### 1. General Information (Page 1)

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Last Name</td>
<td>FULL LEGAL LAST NAME</td>
</tr>
<tr>
<td>*First Name, Middle Initial, (Degree)</td>
<td>FIRST NAME, MI, MD</td>
</tr>
<tr>
<td>Additional Company Information</td>
<td>UCSDH + PROGRAM NAME</td>
</tr>
<tr>
<td>*Business Address Line 1</td>
<td>200 W ARBOR DR # MC8829</td>
</tr>
<tr>
<td>Address (Line 2)</td>
<td></td>
</tr>
<tr>
<td>*City</td>
<td>SAN DIEGO</td>
</tr>
<tr>
<td>*State</td>
<td>CA- CALIFORNIA</td>
</tr>
<tr>
<td>*Zip</td>
<td>92103 - 1911</td>
</tr>
<tr>
<td>*Business Phone Number</td>
<td>(619) 543 - 1234 Ex.</td>
</tr>
<tr>
<td>*Business Email Address</td>
<td><a href="mailto:adlogin@ucsd.edu">adlogin@ucsd.edu</a></td>
</tr>
<tr>
<td>Contact Name</td>
<td>Leave blank or enter your name</td>
</tr>
<tr>
<td>*Contact Cell Phone Number</td>
<td>(805) 878 - 1234</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>[Check if same as business address]</td>
</tr>
<tr>
<td>Additional Company Information</td>
<td>UCSDH + PROGRAM NAME</td>
</tr>
<tr>
<td>*Mail to: Address Line 1</td>
<td>200 W ARBOR DR # MC8829</td>
</tr>
<tr>
<td>Mailing Address (Line 2)</td>
<td></td>
</tr>
<tr>
<td>*City</td>
<td>SAN DIEGO</td>
</tr>
<tr>
<td>*State</td>
<td>CA- CALIFORNIA</td>
</tr>
<tr>
<td>*Zip</td>
<td>92103 - 1911</td>
</tr>
</tbody>
</table>

When checked, information entered in the Business Address section will automatically populate Mailing Address fields.

DO NOT submit your application without entering your mail code. Mail Code MUST be entered using this format for the data to be accepted.

Fields with a (*) are required.
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 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

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).

1. Personal Information (Page 3 - Fee Exempt Details)

Please provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves).

* Name of Fee Exempt Institution (Must be a Federal, State, or County Agency)

UC San Diego Health

* Certifying Official Name (other than applicant)

Cindy Slaughter

* Certifying Official Title

Director, OGME

* Certifying Official Email

cslaughterc@ucsd.edu

* Certifying Official Phone Number

619-543-8254

Certifying Official Information

Name: Cindy Slaughter

Title: Director, OGME

Email: cslaughter@ucsd.edu

Phone: 619-543-8254

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.

THE FEE EXEMPT REGISTRATION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT FACILITIES.

I have read the above, and agree.

Fields with a (*) are required.
This link allows applicant to register with NPPES to receive an NPI number and login to update your NPI information – this needs to at the beginning and end of all appointments, regardless of position (trainee vs. attending)

http://npinumberlookup.org/ - NPI Number Lookup

2. Business Activity/Schedules

Your business activity is: PRACTITIONER

Select all that apply

Check all **DRUG SCHEDULES**

- [x] Schedule II Narcotic
- [x] Schedule II Non Narcotic
- [x] Schedule III Narcotic
- [x] Schedule III Non Narcotic
- [x] Schedule IV
- [x] Schedule V

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

**National Provider ID**

- **Degree**
- **Birthdate**
  - **Month**: 
  - **Day**: 
  - **Year**: 
- **Graduation Year**
  - **Year**: 
- **Medical/Professional School**

*Fields with a (*) are required.*

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**: **CA - CALIFORNIA**
- **Expire Date**
  - **Month**: 
  - **Day**: 
  - **Year**: 

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

Next ->
Clicking “Next” will advance to the Summary of Information section providing the final opportunity for changing/correcting information before submitting your application.

IF YOU ARE ASKED FOR PAYMENT, CORRECT SECTION 1, PG 2 &/OR 3. Be advised, UCSD DOES NOT REIMBURSE DEA CERTIFICATION FEES.

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.

In the last 3 years, have you received any medical education training concerning the prescribing or dispensing of opioid substances? The DEA understands your response is strictly voluntary and not part of the application process.

For more information from our federal partner go to:

- [https://www.cdc.gov/drugoverdose/training/index.html](https://www.cdc.gov/drugoverdose/training/index.html)

**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 this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

**e-Signature:**

This electronic DEA application must be certified by the applicant/registerant, 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(a) for more information on who can certify this application.

Send the response for submitting your application to Robyn Meehan (rmeehan@ucsd.edu) for tracking purposes.