

Controlled Substance Application and Instructions

This application cannot be returned by fax or email.
We must have an original signature and fee to process.

Download application and mail to the address on the top of the application with the required \$80.00 fee. The fee is payable by money order or cashier's check only, we do not accept personal or business checks, cash or credit cards. If the application is received with a business check, personal check or cash, it will be returned and will delay the processing of your application.

Fee is made payable to : ***Nevada State Board of Pharmacy***

Before calling with questions, please read all information carefully.

You are required to submit this application before you can apply for a new DEA for Nevada.

If you do not have a state license number as yet, leave blank. We can not process the application until you have notified us of your license number. **DO NOT SUBMIT THE CONTROLLED SUBSTANCE APPLICATION WITHOUT A PRACTICING ADDRESS.** If you use a home address or a PO box only address, the application will be returned.

A. CONTROLLED SUBSTANCE REGISTRATION AND NEW DEA REGISTRATION

Upon receipt of the completed controlled substance application and fee in, we will issue a Nevada **PENDING** registration number and inform the DEA. You will also be provided this information so you can apply to the DEA. The issuance of a pending number is for DEA's use only. We will provide you with the pending number to apply for the DEA only. **Do not apply to DEA until you receive the pending letter. It will sent to your Nevada work location.**

****When you receive your DEA certificate, it is your responsibility to fax (775/850-1444) a copy to the Reno office. DEA will not provide the board of pharmacy with a copy. You are not authorized to prescribe controlled substances until the pharmacy registration has been issued.****

DEA Application Forms are available at www.deadiversion.usdoj.gov . The Nevada State Board of Pharmacy office does not have new application forms. If you plan to

practice in Nevada and another state, you must have a DEA registration in each state. Telephone number for DEA is 888/415-9822.

B. CONTROLLED SUBSTANCE REGISTRATION AND DEA TRANSFER

For your convenience we have provided the DEA form to transfer of your EXISTING Drug Enforcement Administration (DEA) number to Nevada. By providing the DEA form and copy of current DEA to Nevada, you will receive a permanent registration instead of a pending registration.

Upon receipt of the controlled substance application, DEA transfer form, **copy of your current DEA certificate** and a fee, we can issue a Nevada registration number and fax the transfer form to the DEA. It will take approximately 15 working days for the DEA to process the change of address.

All controlled substance registrations expire October 31, of the even numbered years, no matter when the license is issued. It is your responsibility to keep us up to date with your practicing address by notifying the board in writing.

If you have any questions, please feel free to contact the Reno office at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY

431 W Plumb Lane . Reno, NV 89509

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: \$80.00 (non-refundable money order only, no cash)

(This application can not be used by PA's or APRN's)

First: _____ Middle: _____ Last: _____ Degree: _____

Practice Name (if any): _____

Nevada Address: _____ Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ SS#: _____

E-mail address: _____

City: _____ State: _____ Zip Code: _____

Work Telephone: _____ Date of Birth: _____

Fax: _____ Sex: M or F

Practitioner License Number: _____ Specialty: _____

You must have a current Nevada license with your respective BOARD before we will process this application. The Nevada license must remain current to keep the controlled substance registration.

						Yes	No
Been diagnosed or treated for any mental illness, including alcohol or substance abuse, or Physical condition that would impair your ability to perform the essential functions of your license?...						<input type="checkbox"/>	<input type="checkbox"/>
1. Been charged, arrested or convicted of a felony or misdemeanor in <u>any</u> state?						<input type="checkbox"/>	<input type="checkbox"/>
2. Been the subject of a board citation or an administrative action whether completed or pending in <u>any</u> state? ...						<input type="checkbox"/>	<input type="checkbox"/>
3. Had your license subjected to any discipline for violation of pharmacy or drug laws in <u>any</u> state?.....						<input type="checkbox"/>	<input type="checkbox"/>
If you marked YES to any of the numbered questions (1-3) above, include the following information & provide an explanation and documentation:							
Board Administrative Action:		State	Date:	Case #:			
			/ /				
Criminal Action:	State	Date:	Case #:	County	Court		

It is a violation of Nevada law to falsify this application and sanctions will be imposed for misrepresentation. I hereby certify that I have read this application. I certify that all statements made are true and correct.

I understand that Nevada law requires a licensed physician who, in their professional or occupational capacity, comes to know or has reasonable cause to believe, a child has been abused/neglected, to report the abuse/neglect to an agency which provides child welfare services or to a local law enforcement agency.

Original Signature, no copies or stamps accepted. _____
Date

Board Use Only: : Date Processed: _____ Amount: _____



**UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION**

LAS VEGAS DIVISION
550 S. MAIN STREET
ATTN: REGISTRATION
LAS VEGAS, NV 89101
(702) 759-8000

DEAR REGISTRANT:

IN ORDER TO TRANSFER YOUR FEDERAL DEA NUMBER IT WILL BE NECESSARY FOR YOU TO COMPLETE THIS FORM. PLEASE COMPLETE ALL ITEMS. **BE SURE TO USE A BUSINESS ADDRESS AS YOUR REGISTERED ADDRESS. DO NOT USE A HOME ADDRESS OR A P.O. BOX.**

DEA NUMBER _____ DATE OF RELOCATION _____

PRINT NAME _____ DAYTIME PHONE # (____) _____

EMAIL _____ FAX PHONE # (____) _____

NEW BUSINESS ADDRESS - Can not be a home address

NEW MAILING ADDRESS

NEW STATE LICENSE NUMBERS

Medical License # _____ Expiration Date _____

CS License # _____ Expiration Date _____

DO YOU NEED DEA-222 ORDER FORMS YES _____ NO _____

REGISTRANT SIGNATURE

DATE

FAX TO (702) 759-8245

FOR ADDITIONAL INFORMATION CALL: (702) 759-8202 PST