

ARKANSAS DEPARTMENT OF HEALTH
4815 West Markham Street
Little Rock, AR 72205-3867

**APPLICATION FOR
CONTROLLED SUBSTANCES REGISTRATION**

REGISTRATION REQUIRED

PLEASE PRINT OR TYPE ALL ENTRIES. NO REGISTRATION MAY BE ISSUED UNLESS A COMPLETED APPLICATION FORM HAS BEEN RECEIVED. RUBBER SIGNATURE STAMPS ARE NOT ACCEPTABLE. REVIEW COMPLETED APPLICATION BEFORE RETURNING. INCOMPLETE APPLICATION WILL BE RETURNED. DELAYING PROCESSING.

REGISTRANT NAME AND ADDRESS OR PRINCIPAL PLACE OF BUSINESS
(INCLUDE ZIP CODE)

Section 1 (3): Rules and Regulations Pertaining to Controlled Substances provides that every person who applies to the Federal Drug Enforcement Administration for registration to conduct research, conduct instructional activities, conduct chemical analysis, conduct animal training, or animal euthanasia with controlled substances shall obtain authorization and register with the Director, Arkansas Department of Health.

MAIL ORIGINAL COMPLETED COPY TO:

Director Pharmacy Services and Drug Control
Arkansas Department of Health Slot #25
4815 West Markham Street
Little Rock, AR 72205-3867

REGISTRATION CLASSIFICATION:

1. BUSINESS ACTIVITY: (check (√) one only)

- Teaching Institution (Instructional purposes only) Animal Trainer Researcher Analytical Lab Animal Euthanasia

2. DRUG SCHEDULES: (check (√) all applicable schedules in which you intend to handle controlled substances)

- | | | | | | | | |
|--------------------------|--------------------------------------|-----------------------------------|--------------------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------|
| Schedule I | Schedule II | Schedule II | Schedule III | Schedule III | Schedule IV | Schedule V | Schedule VI |
| <input type="checkbox"/> | <input type="checkbox"/> NonNarcotic | <input type="checkbox"/> Narcotic | <input type="checkbox"/> NonNarcotic | <input type="checkbox"/> Narcotic | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. APPLICANT IS A LOCAL, STATE OR FEDERAL OFFICIAL, WHO IN THE COURSE OF EMPLOYMENT, IS AUTHORIZED TO OBTAIN AND BE ACCOUNTABLE FOR CONTROLLED DRUGS USED FOR PROCEDURES AUTHORIZED BY THIS REGISTRATION.

A. Name of Government Unit: _____

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

A. HAS THE INDIVIDUAL APPLICANT OR ANY OFFICER OF THE CORPORATE APPLICANT OR ANY INDIVIDUAL EMPLOYED BY THE APPLICANT HAVING ACCESS TO CONTROLLED SUBSTANCES BEEN CONVICTED OF ANY WILLFUL VIOLATION OF ANY STATE OR FEDERAL LAW RELATING TO THE MANUFACTURE, DISTRIBUTION, DISPENSING OR PRESCRIBING OF NARCOTICS OR OTHER CONTROLLED SUBSTANCES: Yes No

B. HAS ANY PREVIOUS STATE OR FEDERAL CONTROLLED SUBSTANCES OR NARCOTICS REGISTRATION OR ANY STATE PROFESSIONAL LICENSE OR REGISTRATION HELD BY THE APPLICANT BEEN SURRENDERED, REVOKED, SUSPENDED, DENIED OR IS SUCH ACTION PENDING: (if yes, give particulars on an attached sheet) Yes No

C. ENTER FEDERAL DRUG ENFORCEMENT ADMINISTRATION REGISTRATION NUMBER _____

DATE

SIGNATURE OF INDIVIDUAL APPLICANT

SIGNATURE AND TITLE OF CERTIFYING OFFICIAL IF OTHER THAN APPLICANT