
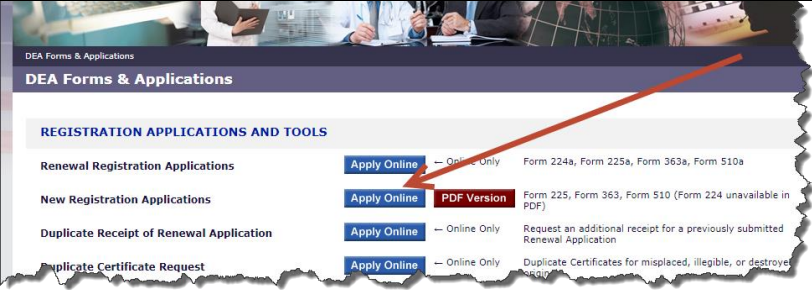





Drug Enforcement Agency (DEA) Registration for Fellows

Qualification:

This document is intended to provide instructions for Fellows account registration for personal DEA numbers. Fellows that are a direct hire of a public university (i.e., Indiana University, etc) are exempt from application fees.

| Step | Description: | Key Point/Image/Reason |
|------|---|--|
| 1 | Request Indiana Controlled Substances Registration (CSR) : | Click here for job aid on requesting CSR. |
| 2 | Go to Office of Diversion Control home page https://www.deadiversion.usdoj.gov/ select DEA FORMS & APPLICATIONS : |  |
| 3 | Select NEW REGISTRATION APPLICATIONS APPLY ONLINE : |  |
| 4 | Under FORM 224 select PRACTITIONER (MD, DO, DDS, DMD, DVM, DPM) : |  |



| | | |
|----------|---|--|
| <p>5</p> | <p>Under SELECT ONE BUSINESS ACTIVITY. NOTE: PRACTITIONER (\$731/3YRS) auto populates, select BEGIN:</p> | |
| <p>6</p> | <p>You will be directed to PRACTITION PRE-APPLICATION CHECKLIST please review and note Section 10 regarding EXEMPTIONS FROM APPLICATION FEES:</p> | |
| <p>7</p> | <p>After reviewing requirements select acknowledgement and NEXT:</p> | |
| <p>8</p> | <p>Complete required fields and check box for CERTIFICATION OF FEE EXEMPTION and NEXT. NOTE: Indiana University is a state university and qualifies for the exception as "Government Only":</p> | |



9 Complete required fields including *Certifying Official Name/Contact* information, check acknowledgement and select **NEXT**. Complete remaining sections 2-4:

U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

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

Please enter the name, title, and phone number of the Fee Exempt Status certifying official. The applicant must also confirm with the certifying official that the official agrees to have their name on this form indicating that the applicant is fee exempt. The applicant must also check the box on this page to acknowledge the certifying official's agreement.

[General Instructions.](#)

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)

* Certifying Official Name (other than applicant)

* Certifying Official Title

* Certifying Official Email

* Certifying Official Phone Number () - Ex.

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.

10 Review application, complete *e-SIGNATURE* and select **SUBMIT APPLICATION**:

State: IN Expires: 06 - 06 - 2021

State Controlled Substance License: Number: 464648456 Expires: 05 - 10 - 2022

STEP - 4 BACKGROUND

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

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.

- Yes -

For more information from our federal partner go to:

- https://www.cdc.gov/drugoverdose/pdf/Guidelines_Factsheet-a.pdf
- <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/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(i), 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.