

Application instructions for a Fee Waived DEA Certificate

DO NOT APPLY IF YOU ARE UNLICENSED IN CA

DO NOT APPLY IF YOU ARE NOT ACTIVELY TRAINING IN A UCSDH PROGRAM TODAY

Fee Waived DEA Certificates (aka Exempt or Restricted), are: a) institution specific, b) only valid for the course and scope of your training, c) are NOT valid for moonlighting. Certificates are valid for use at the institution(s) your program has scheduled required rotations. There is no difference in prescribing capabilities between a "Fee Waive" and "Paid" DEA Certificate.

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>

You will need your program's Mail Code and phone number to complete the application

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, OD, 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 1-800-887-0670

PRACTITIONER (\$731 / 3 YRS) ▾

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

Begin

-Cancel-

This selection is correct for both exempt & 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.

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HELP

Zip: Enter the 5 to 9 digit zipcode of the area in which business will be conducted. This is a required field.

[General Instructions.](#)

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)

* Last Name	<input type="text" value="FULL LEGAL LAST NAME"/>	The name on your CA Medical License & your DEA Certificate must be the same.
* First Name, Middle Initial, (Degree)	<input type="text" value="FIRST NAME, MI, MD"/>	
Additional Company Information	<input type="text" value="UCSDH + PROGRAM NAME"/>	MC = Mail Code DO NOT submit your application without entering your mail code. Check with your program if you don't know the number. Mail Code MUST be entered using this format for the data to be accepted.
* Business Address Line 1	<input type="text" value="200 W ARBOR DR # MC"/> <input type="text"/>	
Address (Line 2)	<input type="text"/>	
* City	<input type="text" value="SAN DIEGO"/>	
* State	<input type="text" value="CA- CALIFORNIA"/>	
* Zip	<input type="text" value="92103"/> - <input type="text" value="1911"/>	
* Business Phone Number	<input type="text" value="Enter your program's phone number"/>	
* Business Email Address	<input type="text" value="Enter your ucsc.edu email address"/>	
Contact Name	<input type="text" value="Leave blank or enter YOUR name"/>	
* Contact Cell Phone Number	<input type="text" value="Enter your personal cell phone number"/>	
Mailing Address <input checked="" type="checkbox"/> Check if same as business address		
Additional Company Information	<input type="text" value="Dept of XXX / Division (program)"/>	
*Mail to: Address Line 1	<input type="text" value="200 W ARBOR DR # MC"/> <input type="text"/>	
Mailing Address (Line 2)	<input type="text"/>	
* City	<input type="text" value="SAN DIEGO"/>	
* State	<input type="text" value="CA- CALIFORNIA"/>	
* Zip	<input type="text" value="92103"/> - <input type="text" value="1911"/>	
<i>Fields with a (*) are required.</i>		
<input type="button" value="-Cancel-"/> <input type="button" value="Next->"/>		

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

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).

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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)

* Certifying Official Name (other than applicant)

* Certifying Official Title

* Certifying Official Email

* Certifying Official Phone Number

() - Ex.

Certifying Official Information

Name: Thomas Arneson

Title: Asst. Director, OGME

Email: tarneson@ucsd.edu

Phone: 619-471-0347

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.*

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<https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.instructions>

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

DRUG SCHEDULES [see schedules](#)

Select all that apply

Check all DRUG SCHEDULES

- Schedule II Narcotic
- Schedule II Non Narcotic
- Schedule III Narcotic
- Schedule III Non Narcotic
- Schedule IV
- Schedule V

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

National Provider ID

* Degree

-Degree-

* Birthdate

-Month- -Day- -Year-

* Graduation Year

-Year-

(Medical/Professional School)

* Medical/Professional School

Fields with a (*) are required.

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Complete all required data fields.

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.

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Complete all required data fields.

<https://search.dca.ca.gov/>

A CA medical license is required to prescribe in CA.

DEA will not issue a Fee Waived DEA against a license issued out of state.

4. Background Information

For "Yes" answers to any of these questions, contact Robyn Meehan (rmeehan@ucsd.edu) (619) 543-7242

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

Fields with a (*) are required.

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/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\(j\)](#) 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.

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