# 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 <u>Exempt</u> or <u>Restricted</u>), 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 (<u>rmeehan@ucsd.edu</u> 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)

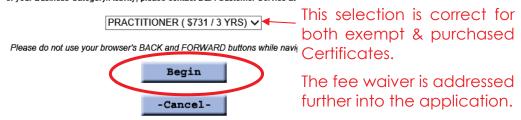
#### Select Your Business Category Form 225 Form 510 Practitioner (MD, DO, DDS, DMD, DVM, DPM) **Manufacturer** Chemical Manufacturer Chemical Importer Mid Lever Practitioner (NP, PA, OD, etc.) <u>Importer</u> **Pharmacy** Exporter Chemical Exporter Hospital/Clinic Distributor Chemical Distributor **Teaching Institution** Rev. Distributor Researcher

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 1-200-282-0530



Canine Handler Analytical Lab

# **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.



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

# 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. (No dashes or spaces.) Tax ID YNo dashes or spaces.) SSN 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). <-Previous Next-> -Cancel 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 **Certifying Official Information** Institution (Must be a UC San Diego Health Federal, State, or County Name: Thomas Arneson Agency) Certifying Official Name Title: Asst. Director, OGME Cindy Slaughter (other than applicant) Email: tarneson@ucsd.edu \* Certifying Official Title Director, OGME Phone: 619-471-0347 clslaughter@ucsd.edu \* Certifying Official Email \* Certifying Official Phone ) 543 8254 Ex. (|619 Number 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. <-Previous Next-> -Cancelhttps://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 III Non Narcotic Schedule II Narcotic Schedule IV ✓ Schedule II Non Narcotic Schedule V Schedule III Narcotic Check here if you require order forms to only purchase Schedule I and II from expliers. National Provider ID Complete Degree -Degreeall required data fields. Birthdate ✓ -Day- ✓ -Year- ✓ Graduation Year -Year- ∨ (Medical/Professional School) Medical/Professional School Fields with a (\*) are required. <-Previous Next-> -Cancel-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 license is WITHOUT refund required to prescribe in Complete all required data \* State License Number: **DEA will not** fields. issue a Fee CA- CALIFORNIA \*State License State: V **Waived DEA** https://search.dca.ca.gov/ against a \* Expire Date: -Month- ∨ -Day- ∨ cense issued Sections with a (\*) require all data fields to be entered. out of state <-Previous Next-> -Cancel-

A CA

medical

CA

## 4. Background Information

All applicants are required to answer the following 4 questions:

denied, restricted, or placed on probation, or is any such action pending?

For "Yes" answers to any of these questions, contact Robyn Meehan (<a href="mailto:rmeehan@ucsd.edu">rmeehan@ucsd.edu</a> (619) 543-7242)

(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?

O Yes O No

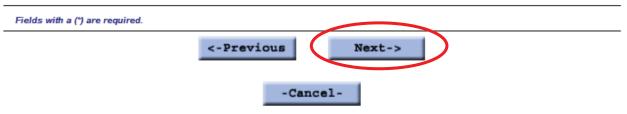
(2) \*Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?

O Yes O No

(3) \* Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended,

⊚ 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?



Clicking "Next" will advance to the <u>Summary of Information</u> 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, <u>UCSD</u> 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.

Submit Application

Send the response for submitting your application to Robyn Meehan (<a href="mailto:rmeehan@ucsd.edu">rmeehan@ucsd.edu</a>) for tracking purposes.