

BOARD OF DENTAL EXAMINERS OF ALABAMA

Alabama State Controlled Substance Permit – Initial Application Fee	\$125.00	
State of Alabama Prescription Drug Monitoring Program Assessment	\$ <u>10.00</u>	
	Total fee	\$135.00

RETURN COMPLETED APPLICATION TO: BOARD OF DENTAL EXAMINERS OF ALABAMA
 5346 Stadium Trace Parkway, Ste. 112
 Hoover, AL 35244
 (205) 985-7267

YOU MUST HAVE THE STATE CS LICENSE BEFORE APPLYING FOR THE FEDERAL DEA LICENSE. YOU MUST HAVE BOTH LICENSES BEFORE WRITING PRESCRIPTIONS FOR CONTROLLED SUBSTANCES.

Please make sure that this license is renewed each year with the annual renewal of your dental license. Please make sure that the Board of Dental Examiners has a valid copy of your Federal DEA permit on file at all times.

1. Current Alabama Dental License Number: _____
 2. A) Current DEA Registration Number : _____ Expiration Date: _____
 Or b) DEA REGISTRATION PENDING: Yes No

3. All applicants must answer the following questions:

- a. Has your privilege for dispensing or prescribing drugs ever been restricted or revoked: If yes, please explain fully the circumstances in an attached letter.
 Yes _____ No _____
- b. Has the applicant or any officer, employer, stockholder, partner, associate, supervisor, or any other individual involved with the applicant in the practice of dentistry been convicted for a felony or misdemeanor under State or Federal law relating to the manufacture, under State or Federal law relating to the manufacture, administration, distribution, dispensing, possession, sale or delivery of controlled substances.
 Yes _____ No _____
- c. Have you ever been addicted or received treatment for drugs, chronic or persistent inebriety, afflicted with a contagious or infectious disease? (Not childhood diseases). Yes _____ No _____

4. Alabama Drug Schedules (Check all applicable)

() Schedule II () Schedule III () Schedule IV () Schedule V

Date: _____ I select my: (Circle one) HOME / OFFICE address for board correspondence.

Printed Name of Applicant: _____ Signature of Applicant: _____

Office Address: _____
 Street (Please Print)

_____ () _____
 City, State, Zip Code (Please Print) Office Phone Number

Home Address: _____
 Street (Please Print)

_____ () _____
 City, State, Zip Code (Please Print) Home Phone Number

() _____
 Cell Phone Number

WARNING: Code of Alabama 1975, 22-2-54 states that a registration under Code of Alabama 1975, 20-2-251 to manufacture, distribute or dispense a controlled substance may be suspended or revoked by the certifying Board upon a finding that the registrant has furnished false or fraudulent material information in any application filed under this Article.

NOTE: Refer to Board Rule 270-X-2.12 Maintenance of Controlled Substances Records and Inventory. Dentists shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances and Schedules II, II N, III, IV and V dispensed in their offices in the drug log books provided by the Board of Dental Examiners.