

**BOARD OF DENTAL EXAMINERS OF ALABAMA  
STATE CONTROLLED SUBSTANCE PERMIT APPLICATION**

Initial Application Fee    \$225.00  
State of Alabama Prescription Drug Monitoring Program Assessment    \$10.00  
**Total fee    \$235.00**

RETURN COMPLETED APPLICATION TO: BOARD OF DENTAL EXAMINERS OF ALABAMA  
**2229 Rocky Ridge Rd  
Birmingham, AL 35216  
(205) 985-7267 email: linda@dentalboard.org**

**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 : \_\_\_\_\_ State \_\_\_\_\_ 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, 20-2-54 states that a registration under Code of Alabama 1975, 20-2-52 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:** Every dentist certified to dispense controlled substances by the Board of Dental Examiners of Alabama shall be required to maintain an accurate inventory and separate dispensing record of all controlled substances in Schedules II through V dispensed in his/her offices. Refer to Board Rule 270-X-2.12.

**CE Requirement:** Dentists must achieve a minimum of one (1) hour of Continuing Education in the subject of prescribing controlled substances every two (2) years. Refer to Board Rule 270-X-4.04.