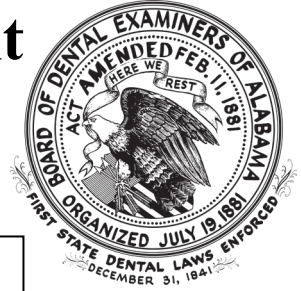


# Alabama Controlled Substance Permit

## APPLICATION



<b>DENTAL LICENSE #</b>  D.	<b>Last 4 digits of SS#</b>  XXX-XX-	<b>DEA#</b> _____ <b>Exp:</b> _____ <b>Pending?</b> <b>Y</b>
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<b>Applicable Drug Schedules that you are requesting (Mark all that apply)</b>			
SCH II	SCH III	SCH IV	SCH V

### Application Instructions

- Complete Form
- Attach a copy of your current DEA Registration, if received
- Attach fee (check/money order) **\$235.00**
  - Mail application/fee to: **BDEAL, 2229 Rocky Ridge Road, Birmingham, AL 35216**
- **NOTE:** All Board correspondence will be sent to the public address identified on your **DENTAL** license.

### PERSONAL INFORMATION

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Office Address:** \_\_\_\_\_  
Street                      City                      County                      State                      Zip

**Office Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_  
Street                      City                      County                      State                      Zip

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### REQUIRED QUESTIONS

1. Are there any actions pending or have any actions been taken against your dental license or controlled substance permit, in any state, that you have NOT reported to our Board?                      **Y**                      **N**
  - a. If yes, provide a full explanation with your form.
2. Are there any actions pending or have any actions been taken against your DEA registration, in any state, that you have NOT reported to our Board?                      **Y**                      **N**
  - a. If yes, provide a full explanation with your form.
3. Have you ever been arrested or convicted of any criminal offense?                      **Y**                      **N**
  - a. If yes, please explain: \_\_\_\_\_
4. Have you undergone any treatment for substance/alcohol abuse?                      **Y**                      **N**

### ATTESTATION OF UNDERSTANDING

I hereby attest I have met all the requirements for the reinstatement of my Controlled Substance permit. I certify and acknowledge I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date