

CONTROLLED SUBSTANCES AT UMKC

REGISTRATION, PURCHASE, STORAGE, DISPOSAL, AND LOSS

BACKGROUND

- The Federal Drug Enforcement Administration (DEA) and the Missouri Bureau of Narcotics and Dangerous Drugs (BNDD) require that certain substances that can be abused be registered with both agencies
- Controlled substances are placed in Schedules (I-V) depending upon their potential for medical use and potential for abuse
- All UMKC Principal Investigators dispensing or administering controlled substances as part of their research program must obtain a Research Registration from the DEA and the BNDD
- DEA and BNDD registration is FREE for State/Federal employees
- The information in this presentation is provided as a courtesy and may not be updated regularly. It is the Principal Investigator's responsibility to ensure compliance with State and Federal Regulations.
- The Principal Investigator maintains all responsibility for the purchase, storage, dispensing and administration of controlled substances under their registrations

SCHEDULES I-V

- **Schedule I Controlled Substances**

- Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.
- Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy").

- **Schedule II/IIN Controlled Substances (2/2N)**

- Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.
- Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and **fentanyl** (Sublimaze®, Duragesic®).
- Other Schedule II narcotics include: **morphine**, opium, codeine, and hydrocodone.
- Examples of Schedule IIN stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other Schedule II substances include: amobarbital, glutethimide, and **pentobarbital**.

SCHEDULES I-V (CONT)

- **Schedule III/IIIN Controlled Substances (3/3N)**

- Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.
- Examples of Schedule III narcotics include: products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®). **Buprenorphine** and **Buprenorphine SR** are also Schedule III.
- Examples of Schedule IIIN non-narcotics include: benzphetamine (Didrex®), phendimetrazine, **ketamine**, and anabolic steroids such as Depo®-Testosterone.

- **Schedule IV Controlled Substances**

- Substances in this schedule have a low potential for abuse relative to substances in Schedule III.
- Examples of Schedule IV substances include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), **diazepam (Valium®)**, lorazepam (Ativan®), **midazolam (Versed®)**, temazepam (Restoril®), and triazolam (Halcion®). **Tramadol** is also Schedule IV.

SCHEDULES I-V (CONT)

- **Schedule V Controlled Substances**

- Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.
- Examples of Schedule V substances include: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®), and ezogabine.

APPLICATION PROCESS

- Bureau of Narcotics and Dangerous Drugs (State of Missouri)
 - State version of the DEA
 - Application **MUST BE FILLED OUT AND APPROVED BEFORE DEA APPLICATION**
 - <https://health.mo.gov/safety/bnidd/>
 - The BNDD does not notify you of your successful application or renewal deadlines
 - Must go to the BNDD website and click on the “Print a Registration Certificate or Verify a Registration” link to find your BNDD Registration number
 - You will need to know which controlled substances you plan on administering and their schedules during the application process
- The following slides take you step-by-step through the BNDD application process

- 5. Drug Quantity
- 6. Days Supply
- 7. Date of dispensation
- 8. Pharmacy City, State, Zip
- 9. Prescriber City, State, Zip
- 10. Entity Type (person or business)
- 11. Refill Number

 Web address

If you have the requested information and would like to provide it to the department, call the department's Bureau of Narcotics and Dangerous Drugs at (573) 751-6321 to arrange for transfer of the information.

Important Information

The BNDD Online Application does not process immediately. The application has to be received, reviewed and processed by BNDD staff before it can be issued and the certificate printed.

The bureau is currently experiencing a high volume of phone calls, emails and applications. The processing times for the BNDD applications are longer than normal. Thank you for your patience.

The current processing time for registrations is 12 business days.

NOTICE - Registration processing times & certificates

Applying online allows for a faster processing and issuance. Applicants may check the bureau's website periodically and click on the real-time link below to verify if a registration has been issued. The BNDD no longer mails certificates and they may be printed from this link below.

Print a Registration Certificate
or
Verify a Registration
(Certificates are no longer mailed)

Apply/Re-Apply for Registrations
(Pay by credit card or submit application to pay with check)
or
Make Changes to a Registration

Only the actual registrant may apply for and make changes to a registration. Applications and changes may not be delegated to any other person.

Click here for new applications 

- **What's New!**
- **Publications**
- **Statutes & Regulations**

- Prescription Drug Repository
- Employee Disqualification List
- Emergency Medical Services
- End Stage Renal Disease
- Family Care Safety Registry
- Food & Drug Recalls
- Food Safety
- Good Cause Waiver
- Health Services Regulation
- Home Care
- Hospice
- Laboratory/CLIA
- Lead Licensing
- Lodging Licensing
- Nursing Homes Inspections
- Product Recalls
- Recreational Water Safety
- Radiation Control
- Show Me Child Care
- Show Me Home Care and Rehab

System Information

DHSS Home » Licensing & Regulations » bnnd » sysinfo

- This registration system is compatible with Internet Explorer, FireFox, Google Chrome and Safari.
- **This online application system is not compatible with tablets, iPads or smart phones. A computer must be used.**
- **Pop-up Blockers need to be disabled in order to advance through the application.**

***Apply/Re-Apply On-Line Registration System or MAKE CHANGES to registration**

Answers to Frequently Asked Application Questions
Tips when applying online.

Click here 

Licensing & Regulations

- Abortion Facilities
- Abuse, Neglect & Exploitation
- Ambulatory Surgery Centers
- Antibiotic Resistance
- Narcotics & Dangerous Drugs
- Child Care
- CNA, CMT and Insulin Registry
- Prescription Drug Repository
- Employee Disqualification List
- Emergency Medical Services
- End Stage Renal Disease
- Family Care Safety Registry
- Food & Drug Recalls
- Food Safety

Windows taskbar showing system tray icons (network, volume, power), taskbar icons (Inbox, Firefox, Chrome, System), and system clock (4:55 PM, 9/17/2018).

Missouri Department of Health & Senior Services

Before starting this process, you must turn off the pop up blockers in the browser you are using. To do this, you must select "turn off pop up blocker" or "always allow pop ups" in your browser settings. The registration application will not advance if the pop ups are blocked.

- Instructions for logging into the system.**
- This page is used to log in to the Missouri Workforce Healthcare Registration Exchange (MoHWoRx) online application for the Bureau of Narcotics and Dangerous Drugs (BNDD).
 - Users may submit a new application for registration or request changes to an existing registration.
 - Fields displayed with a red asterisk are required.
 - A separate application must be submitted for each practice location where controlled substances are stocked and stored.
 - Select First Time Registration if you are applying for a BNDD registration for the first time and do not have a BNDD number for the location being registered.
 - Select License is Pending if your profession requires licensure but you have not yet been issued a license number.
 - Click Apply for Registration to navigate to the application.
 - Click Change Existing Registration to request changes to an existing registration.
 - If you experience problems during log in, contact the DHSS Bureau of Narcotics and Dangerous Drugs at E-mail BNDD@health.mo.gov or by calling 573-751-6321.

Incomplete Applications will be held for 60 days. If required information is not provided in 60 days, then the application will be closed. This includes 'license pending' submissions.

* Registration Type? Individual Business

* BNDD Number: -- OR -- First Time BNDD Registration

* Type of Business Activity:

* Social Security Number: - - * Date of Birth: / / (mm/dd/yyyy)

Next

- One primary practice address is required.
- Only one primary practice address is allowed.
- Only one contact address is allowed, and must be in the United States.
- Existing addresses must be verified prior to submission. Verified addresses are marked with a Reviewed checkbox in the location grid.
- Click the corresponding grid row to update an existing address record.
- Click the delete icon in the corresponding grid row to remove practice locations that are no longer valid.
- Click Add Practice Location to add a new practice location.

Add Practice Address

Criminal History Information

* Has the applicant, who will have access to controlled substance activities, ever plead guilty, nolo contendere, no contest, or ever been convicted of any violation of any state or federal law relating to controlled substances? Yes No

- This pertains to criminal charges filed in a court of law, and not administrative regulatory actions;
- This question applies if the applicant has not only been convicted, but also if the applicant has entered any plea of guilty, no contest, or nolo contendere, regardless of what the sentence or discipline was;
- This applies if the criminal charge is in any way related to controlled drugs, such as theft, burglary, illegal possession, illegal distribution, trafficking, etc.
- If the applicant answers Yes to this question, the applicant's employer must obtain a waiver before the employer can grant the applicant/employee access to controlled substances. The employer must apply for and receive the waiver. The employer must complete and submit an application for waiver that can be obtained at www.dhss.mo.gov/BNDD

Administrative Licensure and Registration Discipline History

* Have any of the applicant's state professional licenses or state or federal controlled substances registrations, ever been revoked, surrendered, suspended, restricted, or placed on probation? Has any application for state professional licensure or a state or federal registration ever been denied? Yes No

- This pertains to disciplinary actions by state and federal administrative and regulatory agencies where a license or registration have been revoked, surrendered, suspended, restricted or placed on probation;
- It applies to applications for licensure and registration that have been denied;

* Although a disciplinary action may not be finalized, is such an action pending? Yes No

Abuse of Controlled Substances

* During the past year, have you been treated for or diagnosed with addiction to controlled substances? Yes No

* During the past year have you been treated for controlled substance dependency where the controlled substances were not lawfully obtained, possessed, self-administered and prescribed by an authorized practitioner practicing in the scope of their professional practice? Yes No

* During the past year, have you abused controlled substances? Yes No

- Abuse is defined in this case by possessing, self-administering, or ingesting a controlled substance that was not legally obtained, possessed, and authorized by a legitimate practitioner practicing within the scope of their practice. The acquisition, possession, and use of controlled substances must be authorized under Chapter 195, RSMo.
- Section 195.040.2, RSMo states in material part that the department may not issue a registration to any person who is abusing controlled substances.

Acknowledgement

Pursuant to state regulation 10 CSR 20-1-047(2), all applicants shall make full, true and complete answers on the application. The department may require an applicant to submit additional

advance if the pop ups are blocked.

as 'license pending' submissions.

/ 1977 (mm/dd/yyyy)

- The applicant shall use their legal name and not a nickname or other name;
- They may use their legal name as it appears on their professional license;
- An application for a practitioner's registration shall be signed and submitted by the applicant who would receive the registration;
- The duty and responsibility for applying for a controlled substances registration cannot be delegated.

* Type Full Name: Date:

Fees

- Fees must be submitted and accompany the application;
- These are processing fees and fees are not refundable;
- If you are claiming an exemption from fees, you must provide the name of the government agency that employs you. This restricts your registration to only working at that location in your duties as a government employee.
- Payments online must be made as provided for in the online application process;
- Payments submitted with hard copy applications may be made with personal checks, certified checks, cashier's checks or money orders and made payable to the Department of Health and Senior Services;
- Fees and applications should be mailed to the Fee Receipt Unit, Department of Health and Senior Services, P.O. Box 570, Jefferson City, MO 65102-0570;
- Applications sent by special delivery should use the physical street address of Fee Receipt Unit, 920 Wildwood Drive, Jefferson City, MO 65109.

* Are you claiming an exemption from the Fee, or will you be paying by credit card online, or by mail with a check or money order?:
 Fee Exempt Credit Card Check or Money Order with Hard Copy of Application

The annual registration fee is \$30. If your former registration has expired more than 15 days ago, an additional \$10 late fee is required. Credit card payments have an additional processing fee.

Delivery Addresses

Applications submitted online:
 Mail all required attachments and related documentation to:
 Department of Health and Senior Services
 BNDD
 PO Box 570
 Jefferson City, MO 65102-0570

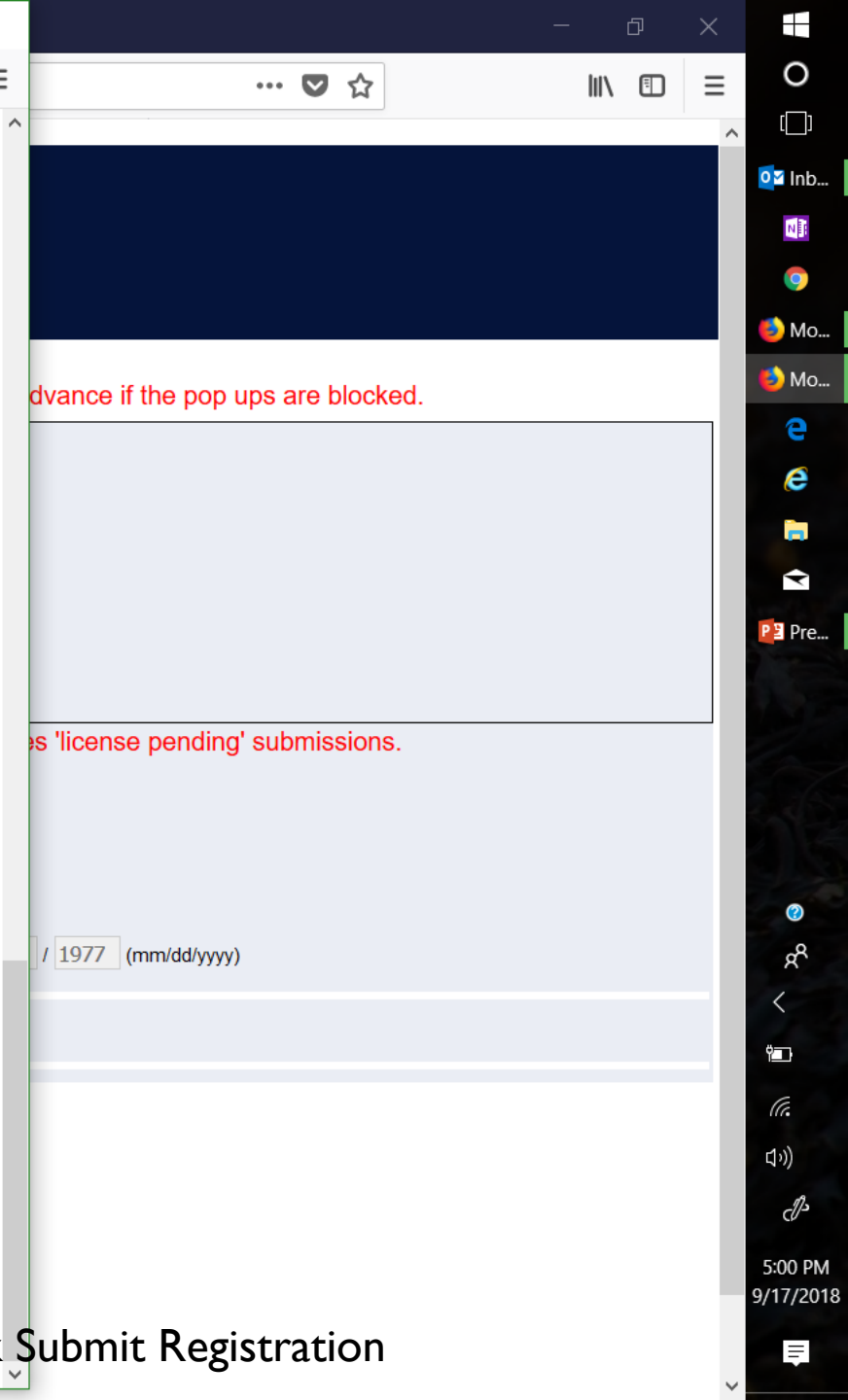
Applications submitted on paper must include the following information and delivered to one of the addresses below:

- The completed application
- A check for the application fee including a late fee of \$10 is if the current registration has expired and lapsed for a period greater than 15 calendar days
- All required attachments and related documentation

Mailing Address	Hand Delivery Address
Department of Health and Senior Services	Department of Health and Senior Services
Fee Receipts Unit	Fee Receipts Unit
PO Box 570	920 Wildwood Drive
Jefferson City, MO 65102-0570	Jefferson City, MO 65109-5796



Once you are finished with the application, click Submit Registration



APPLICATION PROCESS

- Drug Enforcement Agency (DEA, Federal Government)
 - <https://www.deadiversion.usdoj.gov/drugreg/index.html>
 - Must have a BNDD Registration to complete the DEA Registration process
 - You will need to know which controlled substances you plan on administering and their schedules during the application process
 - The DEA **WILL** come visit your lab to evaluate your storage location and proposed record keeping system prior to approving you for controlled substance purchase, storage, and administration.
 - The DEA **HAS** perform unannounced, random inspections of storage locations and records to ensure compliance with Federal Regulations.
- The following slides take you step-by-step through the DEA application process

REGISTRATION

REGISTRATION

NOTICES:

- Effective September 1, 2016; Web Browsers and Systems are now Required to Support TLS 1.2
- ALERT: Faxed-based phishing scams targeting Pharmacies

Renewal Applications Online

REVISED ANNOUNCEMENT REGARDING RENEWAL APPLICATIONS

Starting January 2017, DEA will no longer send its second renewal notification by mail. Instead, an electronic reminder to renew will be sent to the email address associated with the DEA registration.

At this time, DEA will otherwise retain its current policy and procedures with respect to renewal and reinstatement of registration. This policy is as follows:

- If a renewal application is submitted in a timely manner prior to expiration, the registrant may continue operations, authorized by the registration, beyond the expiration date until final action is taken on the application.
- DEA allows the reinstatement of an expired registration for one calendar month after the expiration date. If the registration is not renewed within that calendar month, an application for a new DEA registration will be required.
- Regardless of whether a registration is reinstated within the calendar month after expiration, federal law prohibits the handling of controlled substances or List 1 chemicals for any period of time under an expired registration.

DEA Form 224a – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner

DEA Form 225a – Manufacturer, Distributor, Researcher, Analytical Laboratory, Importer, Exporter

DEA Form 363a – Narcotic Treatment Programs

DEA Form 510a – Domestic Chemical

New Applications Online

DEA Form 224 – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution, or Mid-Level Practitioner

DEA Form 225 – Manufacturer, Distributor, Researcher, Canine Handler, Analytical Laboratory, Importer, Exporter

DEA Form 363 – Narcotic Treatment Programs

DEA Form 510 – Domestic Chemical

To Apply for New Applications for Registration through the U.S. Postal Service

Registration Tools

- Chain Renewals
- Duplicate Certificates

Get Email Updates: [Envelope icon]

Applications
Tools
Resources
CMEA Required Training & Self-Certification
Quota Applications

4:33 PM
9/17/2018

ON-LINE REGISTRATION CONSISTS OF SIX (6) SECTIONS. Please have the following information available **before** you begin the application:

Section 1. Personal/Business Information

If you are applying for an Individual Registration (Practitioner, MLP, Researcher) you are required to provide your Full Name, Address, Social Security Number, and Phone Number. If you are applying for a Business Registration, you are required to provide the Name of the Business, Address, Tax ID, and Phone Number.

Section 2. Activity

Business Activity and Drug Schedule information. **In addition** - Certain registrants for forms 225 and 510 will need to provide specific drug codes and/or chemical codes related to their operations.

Section 3. State License(s)

It is mandatory to provide State medical and/or controlled substance licenses/registrations. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn **WITHOUT refund**.

Section 4. Background Information

Information pertaining to controlled substances in the applicant's background.

Section 5. Payment

Payment, via this on-line application, must be made with a Visa or MasterCard, American Express, or Discover. **Application fees are not refundable.**

Section 6. Confirmation

Applicants will confirm the entered information, make corrections if needed, and electronically submit the application and a submission confirmation will be presented. Applicants will be able to print copies for their records.

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.

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](#)



[Researcher](#)
[Canine Handler](#)
[Analytical Lab](#)

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 1-800-882-9539.

Please do not use while navigating this form.

Please do not use while navigating this form.

- Please Select -
- Please Select -
RESEARCHER (II-V) (\$244 / 1 YRS)
RESEARCHER (I) (\$244 / 1 YRS)

-Cancel-

ADDITIONAL INFORMATION

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is (See Above). Public reporting burden for this collection of information is estimated to average (See Above) per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
4. **PRIVACY ACT NOTICE:**
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

[DIVERSION CONTROL PRIVACY POLICY](#)



HELP

Please make any required changes to the address information on this page. If you have not changed your address, please select Next to continue.

[General Instructions.](#)

1. General Information (Page 1)

* Last Name	<input type="text"/>
* First Name, Middle Initial, (Degree)	<input type="text"/>
Additional Company Information	<input type="text"/>
* Business Address Line 1	<input type="text"/>
Address (Line 2)	<input type="text"/>
* City	<input type="text"/>
* State	-State- <input type="button" value="v"/>
* Zip	<input type="text"/> - <input type="text"/>
* Business Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/> Ex. <input type="text"/>
* Business Email Address	<input type="text"/>
Contact Name	<input type="text"/>
* Contact Cell Phone Number	(<input type="text"/>) <input type="text"/> - <input type="text"/>
Mailing Address <input type="checkbox"/> (Check if same as business address)	
Additional Company Information	<input type="text"/>
*Mail to: Address Line 1	<input type="text"/>
Mailing Address (Line 2)	<input type="text"/>
* City	<input type="text"/>
* State	-State- <input type="button" value="v"/>
* Zip	<input type="text"/> - <input type="text"/>

Fields with a (*) are required.

Windows taskbar showing icons for Inb..., DE..., e, e, Pre..., and system tray with time 4:34 PM 9/17/2018.



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION DIVERSION CONTROL DIVISION

HELP

Certification for Fee Exemption Checkbox: Title 21 CFR 1301.21(a) (2) exempts from payment of the fee for registration or re-registration any hospital or other institution which is operated by an agency of the United States, any state, or any political subdivision of agency thereof, or, an individual who is required to obtain a registration in order to carry out his/her duties as an official of the Federal or State agency.

[General Instructions.](#)

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.

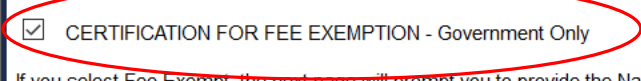
CERTIFICATION FOR FEE EXEMPTION - Government Only

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**).

[<-Previous](#)

[Next->](#)

[-Cancel-](#)





U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION DIVERSION CONTROL DIVISION

HELP

Certifier's Approval
 Checkbox: Click here to indicate that the certifying official agrees to the terms outlined on the Fee Exempt page.

[General Instructions.](#)

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.

Please complete this page with the included information only

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->

-Cancel-



HELP

Please make any requested changes to your registered schedules.

[General Instructions.](#)

2. Business Activity/Schedules

Your business activity is: RESEARCHER (II-V)

DRUG SCHEDULES [see schedules](#)

Select all that apply

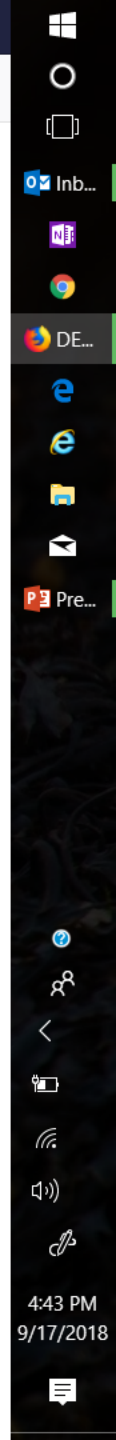
- Schedule II Narcotic
- Schedule II Non Narcotic
- Schedule III Narcotic
- Schedule III Non Narcotic
- Schedule IV
- Schedule V

Check only those that will be administered in the course of your research.

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

Fields with a () are required.*

Only check this box if you know you will be administering Schedule II substances





U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION DIVERSION CONTROL DIVISION

HELP

State Controlled License Number: Federal registration by DEA is based upon the applicant being in compliance with applicable state and local laws. Applicants should contact the local state licensing authority prior to completing this application.

If your State requires a separate controlled substance license, provide the number. **This is a required field for registrations in States that require this license.**

[General Instructions.](#)

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:

Expire Date:

State Controlled Substance Registration Information

State Controlled Substance Number

Expire Date:

Sections with a () require all data fields to be entered.*

[<-Previous](#)

[Next->](#)

[-Cancel-](#)

Only complete this section.

Windows taskbar showing icons for Inb..., DE..., and other applications. System clock shows 4:44 PM 9/17/2018.



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION DIVERSION CONTROL DIVISION

HELP

Questions Applicants must answer all questions. NOTE: If question 4 is not applicable to you, select 'No.'

[General Instructions.](#)

4. Background Information

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.*

Windows taskbar with icons for Start, File Explorer, Microsoft Edge, Task View, and system tray (network, volume, date/time: 4:45 PM 9/17/2018).

Select a schedule to add drug codes for that schedule.

- Schedule I *
- Schedule II Narcotic *
- Schedule II Non Narcotic *
- Schedule III Narcotic *
- Schedule III Non Narcotic *
- Schedule IV *
- Schedule V *
- List I Chemicals *

Schedules marked with a '*' do not require drug codes to be entered.

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

<-Previous

Next->

-Cancel-

Select Drug Codes

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

More details regarding drug schedules can be found in [21 CFR 1308](#).

Drug Codes Selected

- No Codes Selected -



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.

STEP - 1 PERSONAL INFO	
Change	First Name, MI: Scott, W, DVM
	Last Name: Korte
	Address: University of Missouri
	City: Columbia
	State: MO
	Zip: 65211
	Phone: 573 882 3111
	POC Cell Phone: [Redacted]
	Business Email: korets@missouri.edu
	Contact Name:
Change	SSN: [Redacted]
	Tax ID:
	Fee Exempt: Yes
	Institution Name: University of Missouri

Windows taskbar showing icons for Inb..., DE..., and system tray with time 4:51 PM 9/17/2018.

STEP - 3 STATE LICENSES		
Change	State License:	Number: State: Expires: - -
	State Controlled Substance License:	Number: Expires:
STEP - 4 BACKGROUND		
Change	Background Questions:	#1 (Controlled Substance Conviction?) : N #2 (Federal suspension/denial) : N #3 (State suspension/denial) : N #4 (Corporate Officer Controlled Substance Conviction) : N
Change	Drug Codes Selected:	Drug Codes

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\(i\)](#) 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 ←

-Cancel-

Windows taskbar with icons for Inb..., DE..., e, e, Pre..., and system tray showing 4:51 PM 9/17/2018.

STORAGE REQUIREMENTS

- Securely locked, substantially constructed cabinet or safe
- Key or combination access restricted to those individuals listed on your registration
- Safe or cabinet must be locked at all times, unless accessing controlled substances
- If the safe is small or portable it must be bolted to the floor or wall or placed inside another locked cabinet
- Each registrant must have their own individual, locked controlled substance storage
 - (would really prefer all controlled substances behind 2 locks with different keys or combinations)
- Only individuals listed on the Registration can access controlled substances

RECORD KEEPING

- Purchasing/Receipt Records
- Initial Inventory
- Annual Inventory
- Administration/Dispensing
- Disposal of Unwanted Substances
- Reporting Loss
- Audits
- Schedule II substance records must be maintained separately from Schedule III-V

PURCHASING AND RECEIVING RECORDS

- Maintain the original invoice/receipt with suppliers:
 - Name, address, and DEA number of supplier
- Must also maintain receiving record with:
 - Name, address, and DEA number of recipient
 - Drug name, strength, form, and quantities received
 - Date of receipt

INITIAL INVENTORY

- Very first day that you receive controlled substances
- Must include:
 - Registrants name and DEA number
 - Date
 - Drug name, strength, dose form, and quantities
 - Time of day the inventory was taken (opening or closing of business)
- May use Annual Inventory Form, denoting that it is the Initial Inventory

PERPETUAL INVENTORY

- Ongoing, accurate, up-to-date total of substances administered
- Not required, but it is the easiest mechanism to demonstrate the administration of your controlled substances. Should you be audited by the DEA or BNDD, you will have to demonstrate where all of your controlled substances have been administered. A perpetual inventory is easier to review than your research records for that information.

ANNUAL INVENTORIES

- Must include:
 - Registrants name and DEA number
 - Date
 - Drug name, strength, dose form, and quantities
 - Time of day the inventory was taken (opening or closing of business)
- Must be conducted annually (BNDD)
 - Every 2 years for DEA



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF NARCOTICS AND DANGEROUS DRUGS
ANNUAL INVENTORY OF CONTROLLED SUBSTANCES

REGISTRANT NAME	DATE
-----------------	------

SCHEDULE(S) INVENTORIED

INVENTORY OF SCHEDULE 2 DRUGS ONLY (INDIVIDUALLY HAND COUNTERED)

INVENTORY OF SCHEDULES 3, 4, 5 ONLY
 (INVENTORY FOR SCHEDULE 2 DRUGS MUST BE ON SEPARATE FORM THAT SCHEDULES 3, 4, 5)

TIME OF INVENTORY

INVENTORY TAKEN BEFORE OPENING OF BUSINESS

INVENTORY TAKEN AFTER CLOSING OF BUSINESS

_____ TIME OF DAY INVENTORY TAKEN, IF OPERATIONS ARE 24 HOURS A DAY

DRUG NAME	STRENGTH	FORM	NUMBER OF CONTAINERS	QUANTITY
<i>Example - alprazolam</i>	<i>1mg</i>	<i>Tablets</i>	<i>100 of stock bottle</i>	<i>3 bottles</i>
<i>alprazolam</i>	<i>1mg</i>	<i>Tablets</i>	<i>100 of stock bottle</i>	<i>63 tablets</i>

ANNUAL INVENTORIES MUST BE ON PAPER AND NOT ELECTRONIC. FORMS MUST DOCUMENT THE DATE OF INVENTORY; WHETHER IT WAS TAKEN AT THE BEGINNING OR CLOSE OF BUSINESS OR TIME OF DAY; NAME OF EACH DRUG; THE FINISHED FORM OF EACH SUBSTANCE; NUMBER OF DOSAGE UNITS OF EACH FINISHED FORM IN THE COMMERCIAL CONTAINER; AND THE NUMBER OF COMMERCIAL CONTAINERS OF EACH FINISHED FORM.

DISPOSAL

- Excess, waste, or expired controlled substances must be disposed of appropriately
 - Cannot be put down the sink or into sharps containers
 - Injection into carcasses for incineration is acceptable
- Disposal must be recorded on the DEA Form 41 and the disposal must be witnessed by 2 other individuals

U. S. DEPARTMENT OF JUSTICE – DRUG ENFORCEMENT ADMINISTRATION
REGISTRANT RECORD OF CONTROLLED SUBSTANCES DESTROYED
 FORM DEA-41

A. REGISTRANT INFORMATION

Registrant Name	DEA Registration Number		
Registered Address			
City	State	Zip Code	
Telephone Number	Contact Name		

B. ITEM DESTROYED

1. Inventory

	National Drug Code or DEA Controlled Substances Code Number	Batch Number	Name of Substance	Strength	Form	Pkg Qty	Number of Full Pkgs.	Partial Pkg. Count	Total Destroyed
Substance	XXXX-XXXX-XX	N/A	Xanax	0.5mg	Capsules	60	0	0	60 Capsules
	XXXX-XXXX-XX	N/A	Adderall	30mg	Tablets	100	0	60	60 Tablets
	XXXX	XXXX-XXXX	Cocaine	N/A	Bulk	1.25 kg	N/A	N/A	1.25 kg
1.									
2.									
3.									
4.									
5.									
6.									
7.									

2. Collected Substances

	Returned Mail-Back Package	Sealed Inner Liner	Unique Identification Number	Size of Sealed Inner Liner	Quantity of Package(s)/Liner(s) Destroyed
Substance	X		MPF1104, MPF1105, MPF1110, MPF1112	N/A	0
		X	OPK1007 - OPK1027	11 gallon	21
		X	OPK1001	0 gallon	1
1.					
2.					
3.					
4.					
5.					
6.					
7.					

C. METHOD OF DESTRUCTION

Date of Destruction:	Method of Destruction:	
Location or Business Name:		
Address:		
City:	State:	Zip Code:

D. WITNESSES

I declare under penalty of perjury, pursuant to 18 U.S.C. 1001, that I personally witnessed the destruction of the above-described controlled substances to a non-retrievable state and that all of the above is true and correct.

Printed name of first authorized employee witness:	Signature of first witness:	Date:
Printed name of second authorized employee witness:	Signature of second witness:	Date:

E. INSTRUCTIONS

- Section A. REGISTRANT INFORMATION:** The registrant destroying the controlled substance(s) shall provide their DEA registration number and the name and address indicated on their valid DEA registration, in addition to a current telephone number and a contact name, if different from the name on the valid DEA registration.
- Section B. (1) Inventory:** This part shall be used by registrants destroying lawfully possessed controlled substances, other than those described in Section B(2). In each row, indicate the National Drug Code (NDC) for the controlled substance destroyed, or if the substance has no NDC, indicate the DEA Controlled Substances Code Number for the substance. If the substance destroyed is in bulk form, indicate the batch number, if available. In each row, indicate the name, strength, and form of the controlled substance destroyed, and the number of capsules, tablets, etc., that are in a full package (pkg. qty.). If destroying the full quantity of the controlled substance, indicate the number of packages destroyed (number of full pkgs.). If destroying a partial package, indicate the partial count of the capsules, tablets, etc. destroyed (partial pkg. count). If destroying a controlled substance in bulk form, indicate that the substance is in bulk form (form) and the weight of the substance destroyed (pkg. qty.). In each row, indicate the total number of each controlled substance destroyed (total destroyed).
- Section B. (2) Collected Substances:** This part shall be used by registrants destroying controlled substances obtained through an authorized collection activity in accordance with 21 U.S.C. 803(g). In each row, indicate whether registrant is destroying a mail-back package or an inner liner. If destroying a mail-back package, enter each unique identification number identified by a comma and/or as a list in a sequential range and total quantity of packages being destroyed. If destroying an inner liner, enter each unique identification number separated by a comma and/or as a list in a sequential range based on the size of the liners destroyed and the total quantity of inner liners being destroyed. In the case of mail-back packages or inner liners received from a law enforcement agency which do not have a unique identification number or clearly marked size, include the name of the law enforcement agency and, if known, the size of the inner liner or package. **DO NOT OPEN ANY MAIL-BACK PACKAGE OR INNER LINER. AN INVENTORY OF THE CONTENTS OF THE PACKAGES OR LINERS IS PROHIBITED BY LAW AND IS NOT REQUIRED BY THIS FORM.**
- If additional space is needed for items destroyed in Section B, attach to this form additional page(s) containing the requested information for each controlled substance destroyed.
- Section C. METHOD OF DESTRUCTION:** Provide the date, location, and method of destruction. The method of destruction must render the controlled substance to a state of non-retrievable and meet all applicable destruction requirements.
- Section D. WITNESSES:** Two authorized employees must declare by signature, under penalty of perjury, that such employees personally witnessed the destruction of the controlled substances listed in Section B in the manner described in Section C.
- You are not required to submit this form to DEA, unless requested to do so. This form must be kept as a record of destruction and be available by the registrant for at least two years in accordance with 21 U.S.C. 807.

Paperwork Reduction Act Statement: The information collected on this form is necessary for DEA registrants to record controlled substances destroyed in accordance with the Controlled Substances Act (CSA). The records that DEA registrants maintain in accordance with the CSA must be kept and be available, for at least two years, for inspection and copying by officers or employees of the United States authorized by the Attorney General. 21 U.S.C. 807. DEA estimates that it will take approximately 30 minutes to complete this form, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The completion of this form by DEA registrants that destroy controlled substances is mandatory in accordance with 21 U.S.C. 807. Please note that an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Comments regarding this information collection, including suggestions for reducing the burden estimate, should be directed to the Drug Enforcement Administration, DEA Federal Register Representative/CCL, 8701 Monticello Drive, Springfield, Virginia 22152.

THEFT/LOSS (AKA DIVERSION)

- Upon discovery of theft or significant loss, Registrants must report the loss, in writing, to the DEA using DEA Form 106
 - <https://apps2.dea diversion.usdoj.gov/TLR/login.xhtml>
 - Requires last name and DEA registration number to login
- **MUST BE REPORTED WITHIN ONE BUSINESS DAY**

“SIGNIFICANT LOSS”

- 1) The actual quantity of controlled substances lost in relation to the type of business;
- 2) The specific controlled substances lost;
- 3) Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can be attributed to unique activities that may take place involving the controlled substances;
- 4) A pattern of losses over a specific time period, whether the losses appear to be random, and the results of efforts taken to resolve the losses; and, if known,
- 5) Whether the specific controlled substances are likely candidates for diversion; and
- 6) Local trends and other indicators of the diversion potential of the missing controlled substance.

<https://www.uspharmacist.com/article/dea-form-106-and-loss-of-controlled-substances>

RECORD RETENTION

- All records must be maintained for at least 2 years following completion
 - DEA requires maintaining 2 biennial inventories at all times
 - Must be maintained for 2 years past completion
- Records must be stored in the same location as the controlled substances