



- MUST USE MOST **CURRENT FORM**
- **TYPED PREFERRED OR PRINT CLEARLY**
- **MAKE SURE ENTIRE CIRCLE IS FILLED**
- **EXAMPLE:** Yes No

**CONTROLLED SUBSTANCES
REGISTRATION**

For DPS Use Only

APPLICATION FOR ORIGINAL REGISTRATION

Please use the Modification of Registration ([NAR-116](#)) for any updates and address changes. PAs/APNs use [NAR-117](#).

I am applying for: New Registration Additional Registration *If new registration is due to a change in ownership/name, please include old name and DPS number:

APPLICANT INFORMATION (Mid-Level Practitioners: (PAs/APNs) Please use [NAR-77A-78A](#))

Last Name:	First Name:	Middle Name:	Suffix: (IF ANY)	Degree:
Business Name:		Social Security Number:		
Email Address:		Date of Birth:		
Current Board License Number:			Expiration Date:	
Current Federal (DEA) Registration Number (IF ANY):			Expiration Date:	
Current National Provider Identifier (NPI) (IF ANY):				
Business Address: (Physical Address required, if using PO box.)				
City:		State:	ZIP Code:	County:
Phone Number Type: <input type="radio"/> Office <input type="radio"/> Cell <input type="radio"/> Home		Number:		International Phone #: <input type="radio"/> Yes <input type="radio"/> No

BUSINESS ACTIVITY (Select Only One Activity, Practitioner Specify MD, DO, DDS, DVM, DPM, OD, Etc. In The Space Provided)

<input type="radio"/> PRACTITIONER _____	<input type="radio"/> HOSPITAL	<input type="radio"/> RESEARCHER	<input type="radio"/> DISTRIBUTOR
<input type="radio"/> PHARMACY	<input type="radio"/> MANUFACTURER	<input type="radio"/> TEACHING INSTITUTION	<input type="radio"/> ANALYST/ANALITICAL LAB

DRUG SCHEDULES (Select all that apply)

<input type="radio"/> (1) SCHEDULE I, NARCOTIC	<input type="radio"/> (2) SCHEDULE II, NARCOTIC <input type="radio"/> (2N) SCHEDULE II, NON-NARCOTIC	<input type="radio"/> (3) SCHEDULE III, NARCOTIC <input type="radio"/> (3N) SCHEDULE III, NON-NARCOTIC	<input type="radio"/> (4) SCHEDULE IV <input type="radio"/> (5) SCHEDULE V
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LIABILITY QUESTIONS (If answer to 2, 3, or 4 is "yes" and an explanation is already on file, a new letter is not required unless information has changed.)

1. Is the applicant currently authorized to handle controlled substances under the Federal Controlled Substances Act (DEA Registration)?	<input type="radio"/> Yes <input type="radio"/> No
2. Has the applicant been convicted or placed on community supervision or other probation for a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? (If yes, attach a letter stating circumstances of such actions.)	<input type="radio"/> Yes <input type="radio"/> No
3. Has any previous registration held by the applicant, corporation, firm, partner, officer, or stockholder of the applicant under the Texas or Federal CSA been surrendered, revoked, denied, or is it pending such action? (If yes, attach a letter stating circumstances of such actions.)	<input type="radio"/> Yes <input type="radio"/> No
4. If the applicant is a corporation, association, or partnership, the following must be answered. Has any officer, partner, or stockholder been convicted of a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? (If yes, attach a letter stating circumstances of such actions.)	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A

I verify the information provided below is true and correct. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Date: _____

Signature of Applicant (Person required to sign: Hospital-Administrator, Pharmacy- Pharmacist-in-Charge, **No Stamped Signatures**)

(Printed Name and Title)

Consent to Inspect: Signature of the applicant or authorized individual further grants the director or his designee, the right to enter and to inspect the controlled premises or any records required to be kept by the Texas Controlled Substances Act.

Note: Applicant is not required to submit Page 2 of this form.

This form and any attachments may be forwarded electronically to:

<https://www.dps.texas.gov/rsd/contact/default.aspx>

Privacy Policy Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious. Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>