



- 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: MID-LEVEL

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

I am applying for: Mid-Level applicants must have an account with the Texas Medical Board. The account should reflect Delegating Physician(s), prescriptive authority approval date, and indicate "Yes" for Control Substances.

New Registration

APPLICANT INFORMATION

Last Name:	First Name:	Middle Name:	Suffix:	Degree:
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Date of Birth:	Social Security Number:
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Email Address:

Current Board License Number:	Expiration Date:
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Current Federal (DEA) Registration Number (IF Any):	Expiration Date:
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Current National Provider Identifier (NPI) (IF Any):

Business Address: (Physical Address required, if using a P.O. Box)				

City:	State:	ZIP Code:	County:
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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
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SUPERVISING PHYSICIAN INFORMATION (Must be completed every year) **Note:** Physician must be registered with TMB for prescriptive authority. If more than one physician, list additional information with signatures on a separate sheet.

Last Name:	First Name:	Middle Name:	Suffix: (IF ANY)	Degree:
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Medical Board Number:

CSR Number:

DRUG SCHEDULES (Select all that apply)

<input type="radio"/> (2) SCHEDULE II, NARCOTIC	<input type="radio"/> (3) SCHEDULE III, NARCOTIC	<input type="radio"/> (4) SCHEDULE IV
<input type="radio"/> (2N) SCHEDULE II, NON-NARCOTIC	<input type="radio"/> (3N) SCHEDULE III, NON-NARCOTIC	<input type="radio"/> (5) SCHEDULE V

"I am delegating prescriptive authority of the selected schedules to the Mid-Level Practitioner named above."

Supervising Physician: _____ Date: _____

(Signature) (MM/DD/YYYY) (Printed Name)

Applicant Name:	Board License Number:
LIABILITY QUESTIONS (Must be completed)	
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	<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.

Signature of Applicant (No Stamped Signatures) Date: _____
(MM/DD/YYYY) _____
(Printed Name)

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.

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/htrm/GV.559.htm>