

DEA Renewal Application Guidance

PIs will receive an email reminder notification from the DEA when it is time to renew their registration.

CSA Registration Online Mgmt Tools:Renewal Instructions

Renewal Application for Registration Under Controlled Substances Act of 1970

ONLY USE THIS FORM TO:
1. **RENEW YOUR DEA REGISTRATION** (Do not use to apply for NEW Registration).

ON-LINE RENEWAL CONSISTS OF SIX (6) SECTIONS. You will need information from your **current registration certificate** in order to login. Please have the following information available **before** you begin the application:

Section 1. Personal/Business Information
Review current information. Update any changes to address, phone numbers, email address

Section 2. Activity
Update any changes to drug schedule or drug codes. **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 required State medical and/or controlled substance licenses/registrations.

Section 4. Background Information
Information pertaining to controlled substances in the applicant's background.

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.

ADDITIONAL INFORMATION
Form 225A *Approved OMB Form No. 1117-0012 Expires: 06/30/2025 (15 minutes)*
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

Previous Proceed

Cancel

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

☒ I have validated the Business Email address associated with this application. This Business Email address will be used for important notifications from DEA such as registration renewal notices, **receipts**, and **certificates**.
Email Address:

Section 1.

These fields will be pre-populated on the renewal form. If this information differs from what is currently on file then it will flag this submission for further review at the DEA so do not change it unless you are updating to the postal address they suggest (indicated below). Note that all address changes need to be approved by the DEA at the time of moving and not during the renewal process.

US postal office has new ways of spelling out the street names etc. Review and accept suggestions if applicable.

Personal Information

Last Name* ?

First Name* ?

Additional Company Information ?

This Business address has suggested corrections. The following fields were changed:
--FIRM NAME UNMATCHED
Full corrected address:

We recommend that you correct your address.

Business Address Line 1* ?

Business Address Line 2 ?

City* ?

State* ?

Zip* (No dashes or spaces) ?

Business Phone Number* Ext. ?

Business Email Address* ?

Contact Name ?

Contact Cell Phone Number* ?

Mailing Address ☐ (Same as Registered Address)

Section 2: Click fee except box. Then proceed. (UVM is fee exempt)

CSA Registration Online Mgmt Tools: Personal Information - Page 2

Enter a Social Security Number (Individuals) or Taxpayer Identifying Number (Individuals/Businesses)
If you are Fee Exempt, check the Fee Exempt box below and supply the required information.

Tax ID [Validated during login. Cannot be changed using this online form.]

SSN [Validated during login. Cannot be changed using this online form.]

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** ?

← Previous → Proceed Cancel

Section 3: Be sure to fill in any information that is missing, in this example, VPR Kirk Dombrowski's email address. The DEA will email Kirk to confirm so you get the waiver. If you need any help filling this out please contact RPO.

Then click agree and proceed.

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) UNIVERSITY OF VERMONT ?

Certifying Official Name* DR KIRK DOMBROWSKI ?

Certifying Official Title* VP FOR RESEARCH ?

Certifying Official Email* ?

Certifying Official Phone* (803) 656-2918 Ext. ?

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*** ?

← Previous → Proceed Cancel

Section 4: Confirm the schedules of drugs you are currently approved for (do not change from what you're approved for! Applying for use of additional schedules of substances should be done in a separate transaction with the DEA and not during renewal process. Making changes here now will hold up your review at the DEA)

Note: 222 order forms never expire. Only order if you need them.

Note: The second check-box is typically "no". There are no labs here currently manufacturing 2/2n substances at UVM. You will, however, need to verify that the company you purchase Schedule 2/2n substances from is not outside the US.

Click proceed when you're finished filling out this section.

CSA Registration Online Mgmt Tools: Business Activity/Schedules

Your business activity is: RESEARCHER (II-V)

DRUG SCHEDULES [Schedule Details]
Select all that apply ?

<input checked="" type="checkbox"/> Schedule 2 Narcotic	<input checked="" type="checkbox"/> Schedule 2 Non Narcotic
<input checked="" type="checkbox"/> Schedule 3 Narcotic	<input checked="" type="checkbox"/> Schedule 3 Non Narcotic
<input type="checkbox"/> Schedule 4	<input type="checkbox"/> Schedule 5

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

☐ **You have selected Schedule 2 and/or 2N.** Check here if you Manufacture or Import Schedule 2/2N controlled substances as a coincident activity related to your research.

← Previous → Proceed ⌂ Cancel

Section 5: Note: UVM has a license waiver as an academic research institution so we do not have a state license. Our DEA agent said we should type a few zeros in this field. The date can be a year after the expiration date of your current DEA registration

CSA Registration Online Mgmt Tools: State Licenses

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 ?

State License Expire Date ?

← Previous → Proceed ⌂ Cancel

Section 6: Answer the questions.

Note: Answering one of these differently than the answer you provided at last renewal (or initial application if this is your first renewal) will prompt the DEA to schedule a meeting with you to discuss. Answers must be honest, even if something has changed for your situation.

Please note for the fourth question, applicant is not a corporation.

Welcome [redacted] [Logout ALL Sessions](#) Need Help? Email Us: DEA.Registration.Help@dea.gov Call Us Toll Free: 1-800-882-9539

CSA Registration Online Mgmt Tools: Background Information

All applicants are required to answer the following 4 questions:

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?

☒ No | ☐ Yes

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?

☐ No | ☐ Yes

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?

☐ No | ☐ Yes

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?

☐ No | ☐ Yes

Previous Proceed Cancel

Section 7: Note: If you selected No to the import and manufacturer question in section #4. Nothing will populate in this box

You have not selected any Drug Schedules that require drug code entry. Select Proceed or Update to continue.

Researchers requesting Schedule II are only required to report drug codes for Schedule II substances which they manufacture or import as a coincident activity of their registration. You have indicated (on the previous Business Activity/Schedule page) that you do not. If this is not correct and you need to enter drug codes, please navigate back to the Business Activity/Schedule and select the appropriate checkbox.

More details regarding drug/chemical schedules can be found in 21 CFR 1308.

Sort by Code

Available Codes		Selected Codes	
Name	Code	Name	Code
No records found.		No Codes Entered	

Add -->

--> Remove

Lastly, validate and submit!

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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.

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Email Address:

→ Submit Application

⊗ Cancel