### **UofL Researcher Tutorial for DEA License Registration**

A Drug Enforcement Administration (DEA) License is required to order and use controlled substances (drug or chemical) for a project. The tutorial below has been provided to assist researchers with the online registration process for Schedule II substances. Investigators are responsible for ensuring that all information entered is correct, adhering to all regulatory requirements, and maintaining inventory records of controlled substances and records of controlled substance use in animal research at UofL.

**Note:** This tutorial is for online registration for Schedule II-V substances only. Researchers requiring Schedule I drugs must submit a separate DEA application and follow the registration protocol found in 21 CFR 1301.18. Schedule I substances may not be issued to anyone other than the registrant, or used by anyone other than the registrant. If additional personnel need to use Schedule I substances, they must individually register with the DEA.

- 1. Go to https://www.deadiversion.usdoj.gov/
- 2. Click "New Applications"



### 3. Review the Section Instructions

**Note: Section 3. State License(s):** Kentucky does <u>**not**</u> currently require a controlled substance license.

**Section 5. Payment:** The University of Louisville is a government agency, thus UofL researchers are exempt from paying the application fee.

## 4. Select Your Business Category

Select "Researcher" under Form 225. Then choose "Researcher (II-V) (\$244/1YRS)" in the drop down box. Click **Begin**.

#### 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	Form 225	Form 510
Practitioner (MD, DO, DDS, DMD, DVM, DPM)	<u>Manufacturer</u>	Chemical Manufacturer
Mid Level Practitioner (NP, PA, OD, etc.)	<u>Importer</u>	Chemical Importer
<u>Pharmacy</u>	<u>Exporter</u>	Chemical Exporter
Hospital/Clinic	<u>Distributor</u>	Chemical Distributor
<u>Teaching Institution</u>	Rev. Distributor	
	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 your browser's BACK and FORWARD buttons while navigating this form.

### Notice

You are about to login to a new session, but you have already entered application data. Please ensure this data has been submitted and you have printed the appropriate confirmation information, as this data will be replaced when you select the Begin button below.

Begin

# Section 1. General Information

Page 1: Provide all of the required information: Full Name, Business Address, Business Email, Phone Numbers, and Mailing Address. Click "Next."

Page 2: Enter a Social Security Number or Tax ID. UofL Researchers should check the fee exemption box, as UofL is a governmental agency. Click "Next."

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).			
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# **Fee Exemption Details**

Fill out the Fee Exemption page as indicated below. The Certifying Official should be the applicant's Department Chair. If the applicant is the Department Chair, they should provide their immediate supervisor's information.

# 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)	University of Louisville			
* Certifying Official Name (other than applicant)	Your Department Chair			
* Certifying Official Title	Their Title			
* Certifying Official Email	Their Email			
* Certifying Official Phone Number	() Ex			
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 REGISTRA' FACILITIES.	TION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT			
✓ I have read the above, and agree.				
Fields with a (*) are required.				
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# Section 2 Business Activity/Schedules

Check the boxes for the drug schedule(s) you will be working with. A list of controlled substances and their schedules if available by clicking "see schedules" on the application or by visiting <a href="https://www.deadiversion.usdoj.gov/schedules/">https://www.deadiversion.usdoj.gov/schedules/</a>. If you will be using any Schedule II drugs, check the box to request order forms.

2. Business Activity/Schedules			
Your business activity is: RESEARCHER (II-V)			
DRUG SCHEDULES see schedules			
Select all that apply			
☐ Schedule II Non Narcotic ☐	Schedule III Non larcotic Schedule IV Schedule V		
Check here if you require order forms to only purchase Schedule I and II from suppliers.			
Fields with a (*) are required.			
If you will be using Schedule II Drugs, check this box to request order forms.	<-Previous Next->		