



EMS Agency Registration & Regulation Overview



Diversion Staff Coordinator Jennifer Reed
Liaison Section
October 16, 2025



DISCLAIMER



Diversion Control Division

The contents of this document do not have the force and effect of law and are not meant to bind the public or DEA in any way. This document is intended only to provide clarity to the public regarding existing requirements under the law or agency policies.

I have no financial relationships to disclose.





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Diversion Control Division

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Poll Question A&B





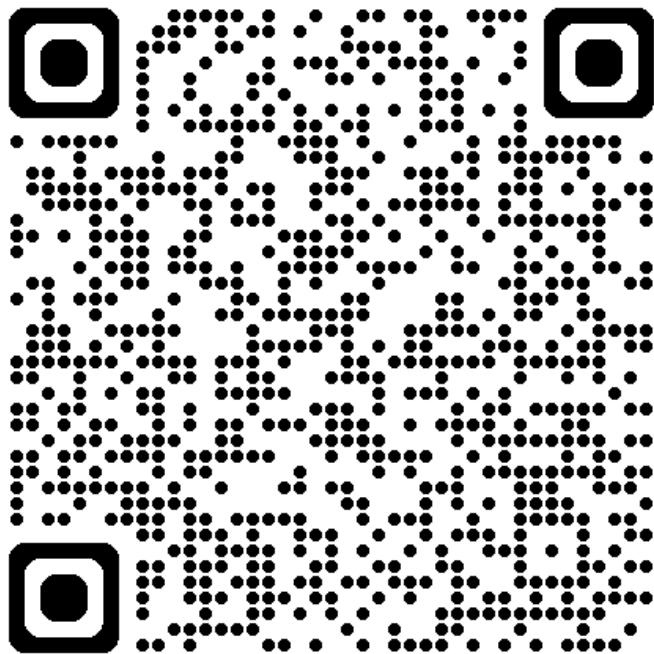
Overview

1. Definitions
2. Registration Process
3. Records
4. Inventories
5. Security/Storage
6. Theft/Loss Reporting



21 U.S.C. 823k

Emergency medical services that administer
controlled substances



21 U.S.C. 823(k)



(1)Registration

For the purpose of enabling emergency medical services professionals to administer controlled substances in schedule II, III, IV, or V to ultimate users receiving emergency medical services in accordance with the requirements of this subsection, the Attorney General--

(A) shall register an emergency medical services agency if the agency submits an application demonstrating it is authorized to conduct such activity under the laws of each State in which the agency practices

(2)Option for single registration

In registering an emergency medical services agency pursuant to paragraph (1), the Attorney General shall allow such agency the option of a single registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the emergency medical services agency.

(3)Hospital-based agency

If a hospital-based emergency medical services agency is registered under subsection (g), the agency may use the registration of the hospital to administer controlled substances in accordance with this subsection without being registered under this subsection.



21 U.S.C. 823k(13) - Definitions



- (D) The term "emergency medical services agency" means an organization providing emergency medical services, including such an organization that-
- (i) is governmental (including fire-based and hospital-based agencies), nongovernmental (including hospital-based agencies), private, or volunteer-based;
 - (ii) provides emergency medical services by ground, air, or otherwise; and
 - (iii) is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.
- (L) The term "specific State authority" means a governmental agency or other such authority, including a regional oversight and coordinating body, that, pursuant to State law or regulation, develops clinical protocols regarding the delivery of emergency medical services in the geographic jurisdiction of such agency or authority within the State that may be adopted by medical directors.





(5)Delivery

A registered emergency medical services agency may deliver controlled substances from a registered location of the agency to an unregistered location of the agency only if the agency--

(A) designates the unregistered location for such delivery; and

(B) notifies the Attorney General at least 30 days prior to first delivering controlled substances to the unregistered location.

(9)Maintenance of records

(B)Requirements

Such records--

(i) shall include records of deliveries of controlled substances between all locations of the agency; and

(ii) shall be maintained, whether electronically or otherwise, at each registered and designated location of the agency where the controlled substances involved are received, administered, or otherwise disposed of.





Poll Question C





DEA Applications





Application for Registration

Applications may be submitted anytime.

Applicant must receive approval and certificate before engaging in business with controlled substances.

All certificates of registration will be received via automated email upon approval of application.

Renewal applications – renewal window will open 60 days prior to expiration. Renewal notices will be sent via automated email to the email address on the registration.



Application for Registration DEA Form 224 Power of Attorney

21 CFR 1301.13(j)

Each application, attachment, or other document filed as part of an application, shall be signed by the applicant, 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. An applicant may authorize one or more individuals, who would not otherwise be authorized to do so, to sign applications for the applicant by filing with the Registration Unit of the Administration a power of attorney for each such individual. The power of attorney shall be signed by a person who is authorized to sign applications under this paragraph and shall contain the signature of the individual being authorized to sign applications. The power of attorney shall be valid until revoked by the applicant.



Registration Application(s)

www.deadiversion.usdoj.gov/drugreg/registration

Application

DEA Form 224

- Practitioner (MD, DO, DDS, DMD, DVM, DPM)
- Mid Level Practitioner (NP, PA, OD, ambulance service, etc.)
- EMS Agency
- Pharmacy
- Hospital/Clinic
- Teaching Institution



Registration Fee Schedule

DEA is authorized by 21 U.S.C. 821 to collect “reasonable fees relating to the registration and control of the manufacture, distribution and dispensing of controlled substances and to the registration and control of regulated persons and of regulated transactions.”

<u>REGISTRANT TYPE</u>	<u>REGISTRATION PERIOD</u>	<u>FEES AS OF Oct 1, 2020</u>
Practitioners/MLP/EMS Pharmacy/Hospital/Clinic	3 Years	\$ 888
Manufacturer CS/Chemical	1 Year	\$ 3,699
Distributor CS/Chemical	1 Year	\$ 1,850
Reverse Distributor	1 Year	\$ 1,850
Researcher	1 Year	\$ 296
Analytical Lab	1 Year	\$ 296
Importer CS/Chemical	1 Year	\$ 1,850
Exporter CS/Chemical	1 Year	\$ 1,850
Narcotic Treatment Program	1 Year	\$ 296



How Do I Register?

Diversion Control Website www.dea.diversion.usdoj.gov



HOME

ABOUT US

REGISTRATION

REPORTING

RESOURCES

CONTACT US

f

x

@

in

✉ DEA.Registration.Help@dea.gov

☎ 1.800.882.9539



Obtain or Renew DEA Registration

Save Time, Apply Online

CLICK HERE TO GET STARTED!



REGISTRATION

FORMS & APPLICATIONS →

CONTACT US →



RESOURCES



New Application

www.dea diversion.usdoj.gov/drugreg/registration

The screenshot shows the DEA Registration website. At the top is the header with the DEA logo, contact information (DEA.Registration.Help@dea.gov, 1.800.882.9539), and a search icon. Below the header is a navigation bar with links: HOME, ABOUT US, REGISTRATION (highlighted), REPORTING, RESOURCES, and CONTACT US. Social media icons for Facebook, X, Instagram, and LinkedIn are also present.

The main content area has a blue banner with the word "Registration" and a breadcrumb trail: HOME > REGISTRATIONS.

Below the banner is the section "Registration Applications, Tools and Resources". On the left is a sidebar menu with the following items:

- Renewal Applications >
- New Applications >
- Make Changes to My DEA Registration >
- Check Status of DEA Registration Application >
- Request Copy of DEA Certificate >

Two red arrows point from the "New Applications" menu item to the "New Applications" section on the right. Another red arrow points from the "Submit Your New Applications HERE!" button to the "Check the Status of My Applications" button.

The "New Applications" section contains two buttons:

- Submit Your New Applications HERE! >
- Check the Status of My Applications >

Below these buttons is the heading "EMAIL ADDRESSES ARE REQUIRED" followed by the text: "Registrants must have a current and active email address listed on their registration in order to receive important information from the DEA, such as registration renewal notices."

At the bottom of the section is the heading "DEA Form 224 – Retail Pharmacy, Hospital/Clinic, Practitioner, Teaching Institution,".



www.deadiversion.usdoj.gov/drugreg/registration

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

Section 6. Confirmation

Applicants will confirm the entered information, make corrections if needed, print copies for their records.

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally years, and a fine under Title 18 of not more than \$250,000, or both.

Emergency Medical Services Agency – this business activity is for an organization providing emergency medical services only. This includes an organization that is governmental, nongovernmental, private, or volunteer-based; provides emergency medical services by ground, air, or otherwise; and is authorized by the State in which the organization is providing such services to provide emergency medical care, including the administering of controlled substances, to members of the general public on an emergency basis.

OK

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](#)

[Automated Dispensing Machines \(Login\)](#)
[Emergency Medical Services \(EMS\)](#)

Active Military Only

[Military Form 224](#)

**Civil Service Practitioner/MLP
Assigned to Military Installations**
[Form 224](#)

**Federal Practitioner/MLP Assigned to
Federal Installations (Not Military or Contractor)**
[Form 224](#)

Form 225

[Manufacturer](#)
[Importer](#)
[Exporter](#)
[Distributor](#)
[Reverse Distributor](#)
[Researcher](#)
[Canine Handler](#)
[Analytical Lab](#)

Form 363

[Narcotic Treatment Clinics](#)

Form 510

[Chemical Manufacturer](#)
[Chemical Importer](#)
[Chemical Exporter](#)
[Chemical Distributor](#)

Once you click the appropriate link, scroll down below "EMS Agency" box, hit continue.



Pre-Application Checklist

www.deadiversion.usdoj.gov/drugreg/registration

Emergency Medical Services Agency Pre-application Checklist

1. This form is for **NEW** applicants only. If you need to **renew** your DEA registration, please navigate to the [registration renewal application](#).
2. Pursuant to [Title 21 USC 823\(j\)](#), an Emergency Medical Services (EMS) Agency may obtain a DEA registration if the EMS Agency is authorized to conduct such activity under the laws of each State in which the agency practices.
3. Registering as an EMS Agency requires a **NON-REFUNDABLE** fee of \$888. If you are not sure you meet all the qualifications to obtain a DEA registration, or if you are unsure whether this is the correct application to complete, **PLEASE DO NOT CONTINUE**. It is recommended you contact the local [Registration Program Specialist](#) for clarification of state law/regulations before you complete the application. There is no prorated application fee and **THE SUBSEQUENT WITHDRAWAL OF AN APPLICATION DOES NOT QUALIFY FOR A RETURN OF THE APPLICATION FEE**.
4. You must currently have a full state license in the state where you will register. If your state mandates additional requirements such as a CDS (controlled drug substance) license to obtain authority to handle controlled substances (i.e., procure, administer, and dispense), you must meet those requirements **BEFORE** you apply for a DEA registration. It is recommended you contact the local [Registration Program Specialist](#) for clarification of state law/regulations before you complete the application. **A LACK OF FULL STATE AUTHORIZATION DOES NOT QUALIFY FOR A RETURN OF THE APPLICATION FEE**.
5. The current state license and the registered location (physical address) you will provide in this application must be for the same state. The registered location shall be where the EMS Agency receives controlled substances from suppliers.
6. Pursuant to [Title 21 USC 823\(j\)](#), an EMS Agency may obtain a single DEA registration in each State where the agency administers controlled substances in lieu of requiring a separate registration for each location of the EMS Agency. After an EMS Agency has been approved for a DEA registration, the EMS Agency can add the addresses of designated (unregistered) locations via www.deadiversion.usdoj.gov. The EMS Agency is permitted to deliver controlled substances to a designated location 30 days after notification to DEA.



Pre-Application Checklist (cont.)

www.deadiversion.usdoj.gov/drugreg/registration

7. The applying practitioner must be the only individual completing and certifying by E-signature that the information provided is accurate for purposes of this DEA application. There is an exception if the applying practitioner files a power of attorney with DEA ([Title 21 CFR § 1301.13\(j\)](#)).
8. You may be exempt from the application fee if the EMS agency is “**operated by**” a federal, state, or local government institution. The fee exemption does not apply to a contractor who is working on behalf of the government institution. In accordance with [Title 21 CFR § 1301.21\(b\)](#), you must certify your status on the application. You may forfeit the fee exemption by not complying with this regulation. You must include the email address that is associated with the fee exempt location. You may be required to provide evidence of government or public university employment.
9. The application fee is **NON-REFUNDABLE** regardless of whether a registration is issued or not.
10. For additional resources, questions, or clarification, the following services are available:
 1. The main [DEA Diversion Control](#) site
 2. Contact a [Registration Program Specialist](#) specific to your state
 3. The [Registration Support](#) site provides links to tools that will let you:
 - Check the Status of My Application
 - Make Changes to My DEA Registration
 - Renewal Applications
 - New Applications
 - Verification of DEA Registration
 - Request Copy of DEA Certificate
 - Request Copy of Last Application/Receipt
 - Order Form Request (DEA Form 222)
 - Registration for Disposal of Controlled Substances
 - Search for an Authorized Collector Location
 4. For your convenience this is a link to the [Practitioner's Manual](#)
 5. Email DEA.Registration.Help@dea.gov
 6. Contact a customer service representative at 1-800-882-9539



www.deadiversion.usdoj.gov/drugreg/registration

☐ I have read and understood the information and agree to the terms outlined above.

→ Continue

⌫ Cancel



DEA Registration - Application Form 224

www.dea diversion.usdoj.gov/drugreg/registration

CSA Registration Online Mgmt Tools: Upload Documents

Overview

This page allows you to upload a Power of Attorney document, if applicable.

Power of Attorney

Pursuant to [Title 21 CFR § 1301.13\(j\)](#), Each application, attachment, or other document filed as part of an application, shall be signed by the applicant, 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. An applicant may authorize one or more individuals, who would not otherwise be authorized to do so, to sign applications for the applicant by filing with the Registration Unit of the Administration a power of attorney for each such individual. The power of attorney shall be signed by a person who is authorized to sign applications under this paragraph and shall contain the signature of the individual being authorized to sign applications. The power of attorney shall be valid until revoked by the applicant.

This page allows you to optionally upload a Power of Attorney if applicable as described above.

If a Power of Attorney is required, please select Power of Attorney in the Document Category selection list below. If this is not applicable, Click the Proceed button below.

Upload Instructions

1. Select the Category of document to be uploaded.
2. Read all additional instructions below the Category Selector
3. Choose the file(s) you wish to upload using the file selector.

Document Category :

Uploaded Files List:

No files uploaded



CSA Registration Online Mgmt Tools: Personal Information

Personal Information

Business Name*



Max length 50 characters (including spaces)

Please also use -Additional Company Information- section if needed

Additional Company Information



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)

Additional Company Information



Mailing Address Line 1*



Mailing Address Line 2





www.deadiversion.usdoj.gov/drugreg/registration



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION



Welcome, New Applicant | [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: Email Address Authentication

We must validate your email address in order to ensure future security on your account. Please request a code to be sent to your point of contact email address you have provided on the previous page, and verify that code below. You have provided the following email address:

[REDACTED]

Send Token

Previous



www.deadiversion.usdoj.gov/drugreg/registration



Welcome, New Applicant | [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: Email Address Authentication

We must validate your email address in order to ensure future security on your account. Please request a code to be sent to your point of contact email address you have provided on the previous page, and verify that code below. You have provided the following email address:
NICHOLAS.B.WALKER@DEA.GOV

[Send Token](#)

i An email containing a token has been sent to the address we have on file for your registration. Please enter the token in the input box below to continue. If you do not get the email after one minute, please check your Spam folders. You may try to send another token, but Please Note that sending too many tokens or entering too many incorrect tokens will result in logins to your account being temporarily locked.

Token Sent Time: March 31, 2025 01:43:13 PM EDT

Enter Token:

[Validate Token](#)

[Previous](#)



www.deadiversion.usdoj.gov/drugreg/registration



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

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

[See Checklist](#)

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 (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** ?

← Previous

→ Proceed

⌂ Cancel



www.deadiversion.usdoj.gov/drugreg/registration

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** ?

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* ?

Certifying Official Title* ?

Certifying Official Email* ?

Certifying Official Phone* Ext. ?

Certifying official cannot be the applicant

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



www.deadiversion.usdoj.gov/drugreg/registration

CSA Registration Online Mgmt Tools: Business Activity/Schedules

Your business activity is: EMS AGENCY

DRUG SCHEDULES [[Schedule Details](#)]

Select all that apply [?](#)

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

**Selected schedules must match
what is listed on the state
controlled substance registration**

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

National Provider ID



[← Previous](#)

[→ Proceed](#)

[Cancel](#)



www.deadiversion.usdoj.gov/drugreg/registration

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



www.dea.diversion.usdoj.gov/drugreg/registration

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

[See Checklist](#)

CSA Registration Online Mgmt Tools: Payment Information

Payment Information

A non-refundable fee of **\$888** will be charged to your credit card upon submission of this application.

Notice: For additional security we are now sending the payment portion of the application to the US Department of Treasury/Pay.gov for processing of credit card payments.

By clicking on "Enter Credit Card Information" below you will be redirected to Pay.gov, so please have your credit card information available. After you've entered your credit card information you will be directed back to finalize your application. Your credit card will NOT be charged until you have completed the entire application process and are provided a receipt.

PLEASE DO NOT use your browser's back button to return to this page. The payment processor's payment page will provide the necessary navigation buttons.

[→ Enter Credit Card Information](#)

[← Previous](#)

[Cancel](#)



Renewal, Delinquent, & Purge Dates

www.deadiversion.usdoj.gov

Earliest to renew is **60 days** of expiration.

As of June 2020, DEA no longer sends renewal notification by mail – **All renewal notifications are sent via Email.**

If renewal application is not submitted by expiration, registration status changed from **Active** to **Expired**.

If status is changed to **Expired**, the expired DEA number will be purged from our database after 30 days.

Purged records = **unrecoverable**

Must apply for a new DEA Registration Number.

Registration Tools

www.dea diversion.usdoj.gov



The screenshot shows the 'Registration Tools' section of the DEA website. A sidebar on the left contains a list of navigation items: 'Renewal Applications', 'New Applications', 'Make Changes to My DEA Registration', 'Check Status of DEA Registration Application', 'Request Copy of DEA Certificate', 'Registration Resources', 'Registration Support', 'Notices', and 'Registration Tools' (which is highlighted with a blue bar). A red arrow points from the 'Registration Tools' link in the sidebar to the 'Official Order Forms' button. Another red arrow points from the 'Official Order Forms' button to the text block below it. A third red arrow points from the 'Emergency Medical Services (EMS) Agency' button to the text block below it.

Chain Renewals

Request Copy of Last Application/Receipt

Registrant Validation Toolset

- **Verification of DEA Registration** - Conduct a verification of a DEA Registrant (DEA Registrant restricted access)
- **Registrant Datasets Access** - Download the Registrant Datasets for in-house verifications (DEA Registrant restricted access)

Access is restricted to DEA Registrants. Access verification will be conducted during the login process. For access questions and concerns, email DEA.Registration.Help@dea.gov or call Toll Free: 1-800-882-9539.

Official Order Forms

As of October 30, 2021, the Drug Enforcement Administration is implementing the **mandatory use of a single sheet DEA 222 Order Form** and the triplicate DEA Order Forms will no longer be available or utilized as stated in the Code of Federal Regulations §1305.20(a). If you are needing to relinquish unused triplicate DEA Order Forms, please send them to DEA Registration Section, 8701 Morrisette Drive, Springfield, Virginia 22152.

[Large Volume Order Forms \(DEA Form 222\)](#)

Emergency Medical Services (EMS) Agency

Add, modify, or delete EMS Agency locations for eligible DEA Registrations



Modification in Registration

21 CFR 1301.51

The screenshot shows the top navigation bar of the DEA Registration website. On the left is the DEA logo with the text "U.S. Department of Justice", "Drug Enforcement Administration", and "Diversion Control Division". To the right of the logo are navigation links: HOME, ABOUT US, REGISTRATION (highlighted in a blue box), REPORTING, RESOURCES, and CONTACT US. Further right are social media icons for Facebook, X, Instagram, and LinkedIn. Below the navigation bar is a blue header with the word "Registration" on the left and a breadcrumb trail "HOME > REGISTRATIONS" on the right. The main content area has a heading "Registration Applications, Tools and Resources". On the left is a sidebar menu with three items: "Renewal Applications" with a document icon, "New Applications" with a document icon, and "Make Changes to My DEA Registration" with a list icon. The "Make Changes to My DEA Registration" item is selected and highlighted with a blue bar. To the right of the sidebar, under the heading "Make Changes to My DEA Registration", there is a button labeled "Make Changes to My DEA Registration" with a right-pointing arrow. Below the button is a list of links: "Name Changes | Schedule Changes | Drug Code Changes | Address Changes".

U.S. Department of Justice
Drug Enforcement Administration
Diversion Control Division

HOME ABOUT US **REGISTRATION** REPORTING RESOURCES CONTACT US

f X @ in

Registration HOME > REGISTRATIONS

Registration Applications, Tools and Resources

- Renewal Applications >
- New Applications >
- Make Changes to My DEA Registration >**

Make Changes to My DEA Registration

Make Changes to My DEA Registration >

Name Changes | Schedule Changes | Drug Code Changes | Address Changes

****Any registrant may apply to modify his/her registration to authorize the handling of additional controlled substances or to change his/her name or address, by submitting the changes online. **This is a request and will not automatically take effect.**



Termination of Registration; Transfer of Registration; Distribution Upon Discontinuance of Business – 21 CFR 1301.52

A registration and any modifications of such shall *terminate* without any action by the Administration if/when a registrant:

- Dies
- Ceases legal existence
- Discontinues business or professional practice – must return certificate and unexecuted order forms (DEA Form 222)
- Surrenders registration – via signed written document or executed DEA Form 104 or DEA Form 104c



Terminating a DEA Registration

21 CFR 1301.52

Request must be received in writing (email) and include the DEA number. Contact your local DEA office or Registration.

There is no negative impact for terminating/retiring a DEA registration before expiration.



Registration Call Center

DEA.Registration.Help@dea.gov

(800) 882-9539



✉ DEA.Registration.Help@dea.gov

☎ 1.800.882.9539



HOME

ABOUT US

REGISTRATION

REPORTING

RESOURCES

CONTACT US



DATA-Waiver

Waiver registration is no longer required to treat patients with opioid use disorder.

LEARN MORE!

Hours : 8:30am–5:50pm ET
Phone : 1-800-882-9539
Email : [Email Us](#)
DEA Offices: [Find Local Office](#)



REGISTRATION

FORMS & APPLICATIONS →

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RESOURCES



Find Local Office

Field Office Search

Enter Zip		-OR-	[City -or- County] AND State		Search	Clear
Zip Code:		City:		County:		State:
22406						--

Search Results

For Routine Registration assistance about new applications, renewal applications, order forms, or changes to an application or DEA registration: contact a Registration Program Specialist during normal business hours.

For Investigative Matters or Tactical Diversion Squads (TDS): contact a Diversion Investigator or Special Agent during normal business hours.

Location	Registration Assistance	Investigative Matters or TDS
HAGERSTOWN RESIDENT OFFICE 10310 GOVERNOR LANE, SUITE 6001 WILLIAMSPORT, MD 21795		
WASHINGTON DIVISION OFFICE 800 K STREET NW SUITE 500 WASHINGTON, DC 20001	Phone 1: (571) 362 1099 Phone 2: (571) 362 1007	Phone 1: (571) 362 1055 Fax 1: (202) 305 8355 Email 1: WDO.DIVERSION@DEA.GOV

DEA Registration Certificate Received



Now What?



- Print Certificate
- Order 222-Forms
- Add Designated Locations
- Take Initial Inventory
- Review Regulations/Manual
- Create a “DEA Binder” for maintenance of required records
- Order/transfer controlled substances





Poll Question D





Recordkeeping & Security Overview





Practitioner Manual

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Epidemic Act\)](#)[Controlled Substances Schedules](#)[Cyber Security](#)[DEA Regulatory Priorities](#)[DEA TOX](#)[Drug Disposal Information](#)[Drug & Chemical Information](#)[EPCS \(Electronic Prescriptions for
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NOTE: The DEA Diversion Control Division is currently updating all of the manuals.

[Chemical Handlers Manual \(PDF\)](#) → (Revised 2022)

[Narcotic Treatment Program \(NTP\) Manual \(PDF\)](#) → (Revised 2022)

[Pharmacist's Manual \(PDF\)](#) → (Revised 2022)

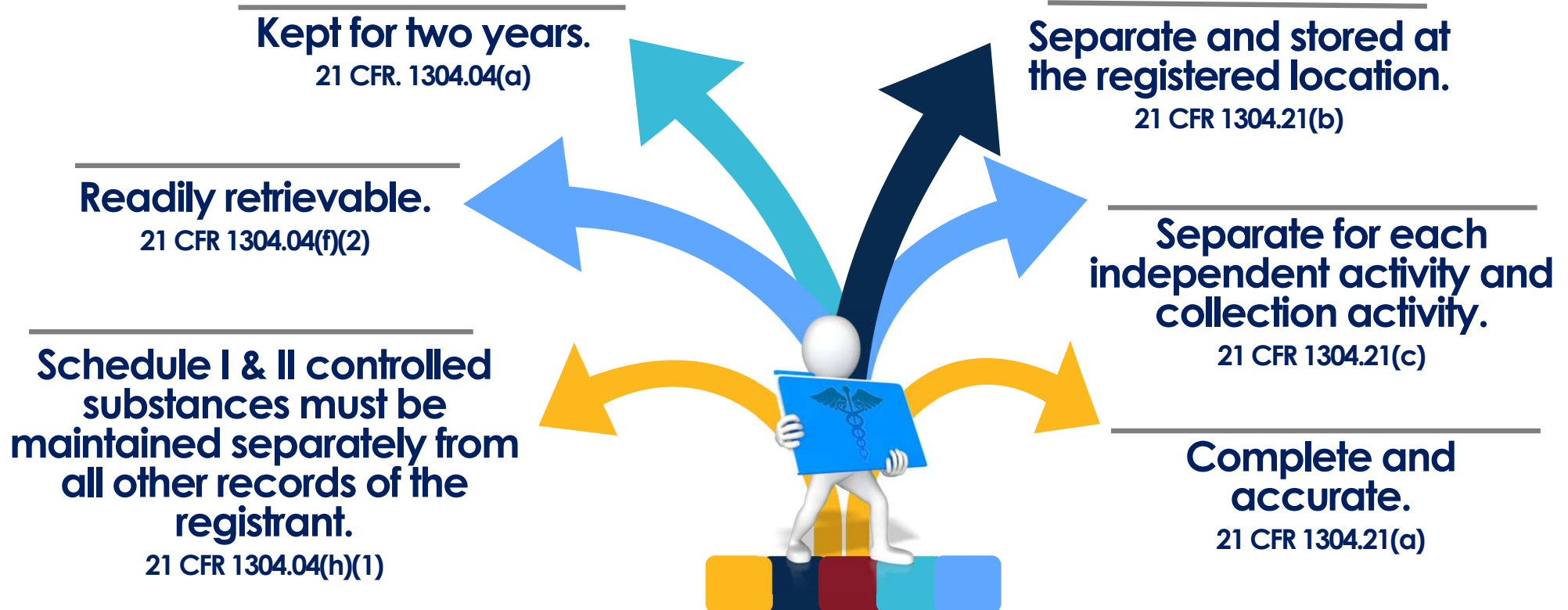
[Practitioner's Manual \(PDF\)](#) → (Revised 2023)

[Researcher's Manual \(PDF\)](#) → (Revised 2022)

General Requirements

CONTINUING RECORDS

Record requirements are different depending on whether the registrant is handling controlled substances in schedules I and II, or schedules III-V controlled substances. These requirements are also different depending on the type of registrant (business category) taking the inventory.



Slide 42

MG1

Why is slide number written down at the bottom?

Goodman, Myron J, 2025-10-09T14:43:08.674



Inventories



INVENTORY REQUIREMENTS

An "inventory" is a **complete** and **accurate** list of **all** stocks and forms of **controlled substances** in the possession of the registrant:

- an actual physical count for Schedule II Controlled Substances
- estimated count or measure of the contents of a Schedule III, IV, or V Controlled Substance (unless the container holds more than 1,000 tablets or capsules in which case an exact count of the contents must be made).

**RECORDS OF SCHEDULE II CONTROLLED
SUBSTANCES MUST BE KEPT SEPARATE FROM ALL
OTHER CONTROLLED SUBSTANCES**



All inventory records be maintained at the registered location in a readily retrievable manner for at least two years for copying and inspection.

21 CFR 1304.11 – 1304.21



Initial Inventory

1. The date of the inventory.
2. Whether the inventory was taken at the beginning or close of business.
3. The name of each controlled substance inventoried.
4. The finished form of each of the substances (e.g., 10 milligram tablet).
5. The number of dosage units of each finished form in the commercial container (e.g., 100 tablet bottle).
6. The number of commercial containers of each finished form (e.g., four 100 tablet bottles).
7. A count of the substance - if the substance is listed in schedule II, an exact count or measure of the contents or if the substance is listed in schedules III, IV, or V, an estimated count or measure of the contents, unless the container holds more than 1,000 tablets or capsules in which case, an exact count of the contents is required.
8. DEA recommends, but does not require, an inventory record include the name, address, and DEA registration number of the registrant, and the signature of the person or persons responsible for taking the inventory.

21 CFR 1304.11(e)(6)

Inventory must include:

- Actual physical count of all controlled substances in their possession.
- If there are no stocks of controlled substances on hand, the registrant should make a record showing a zero inventory.

21 CFR 1304.11(b)





The registrant is required to take a biennial inventory (every two years).

21 CFR 1304.11(c)



Biennial Inventory

- Requires the same information as the initial inventory of all Controlled Substances on hand.
- The biennial inventory may be taken on any date which is within two years of the previous inventory date.
- There is no requirement to submit a copy of the inventory to DEA.





Ordering



Obtaining DEA Form 222 Order Forms



DEA.Registration.Help@dea.gov

1.800.882.9539



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DEA Forms & Applications

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- Submit A Tip To DEA >

Registration Applications & Tools

Renewal Applications >

Form 224a, Form 225a, Form 363a, Form 510a

New Applications >

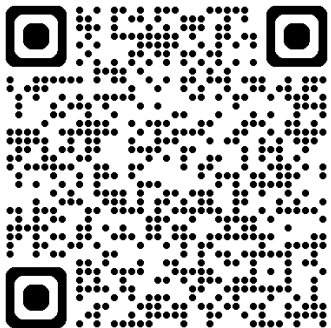
Form 225, Form 363, Form 510 (Form 224 unavailable in PDF)

Check the Status of My Application >

Has my registration been processed yet?

Order Form Request (DEA Form 222) >

Request Official Order Forms (Schedule I & II Registrants Only)





Up to 20 items can be ordered on one form

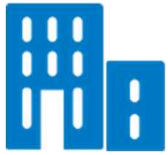
Three order forms per envelope

Errors on order forms will be reported to local DEA office

Mail or email (dea.orderforms@usdoj.gov) are only methods to send executed order forms to DRR (no faxes)

DEA Forms 222

Must be maintained separately from other business records (Schedule II).



Purchaser is responsible for filling in the number of packages, the size of the package, and the name of the item(s) being ordered.



Must be signed and dated by a person authorized to sign a registration application or a person granted power of attorney.

Purchaser documents the actual number of packages received, and the date received.

When the items are received



Power of Attorney



- The signer of the DEA application or renewal is the individual authorized to execute DEA Form 222s.
- A registrant may authorize one or more individuals to issue orders for Schedule II controlled substances.
- Other individual does not need to be located at registered location.
- Maintain POA at registered location.
- Revoke when employee leaves or no longer needs POA.

21 CFR 1305.05





Cancellation and Voiding Order Form 222

Written notification

- A purchaser may **CANCEL** an order (or partial order) by **notifying the supplier in writing**.
- The supplier must indicate the **CANCELLATION** on Copies 1 and 2 of the DEA Form 222 by **drawing a line through the cancelled item(s) and printing "cancelled"** in the space provided for the number of items shipped.
- A supplier may **VOID** part, or all, by notifying the purchaser in writing.
- The supplier must indicate the **VOIDING** in Copies 1 and 2 of the DEA Form 222 **by drawing a line through the cancelled item(s) and printing "void"** in the space provided for the number of items shipped.





Ordering Schedules III-V

21 CFR 1304.21(d)

- No official order form
- Document date received on purchase record (invoice)
- Records must contain:
 - name of each controlled substance,
 - finished form (i.e., tablet, injectable, etc.),
 - number of dosage units of finished form in each commercial container (ex. pack of 20 vials)
 - number of commercial containers received (ex. 2 bottles).
- Maintain records for 2 years.





Transfers to designated locations

21 USC 823(k)(9)(B)

Maintain records in accordance with subsections (a) and (b) of section 827.

Such records-

- (i) shall include records of deliveries of controlled substances between all locations of the agency; and
- (ii) shall be maintained, whether electronically or otherwise, at each registered and designated location of the agency where the controlled substances involved are received, administered, or otherwise disposed of.





Registrant Disposal & Wastage



Disposal of Controlled Substance Inventory



Title 21 Code of Federal Regulations- PART 1317 — DISPOSAL



OPTIONS TO DISPOSE OF

[21 CFR 1317.05\(a\) and \(b\)](#)

- Prompt on-site destruction if proper method.
- Prompt delivery to a DEA-registered reverse distributor by common carrier or reverse distributor pick-up.



RETURNED OR RECALLED

[21 CFR 1317.05\(a\) and \(b\)](#)

- Prompt delivery by common or contract carrier or pick-up at the registered location by:
 - Registrant from whom it was obtained.
 - Registered manufacturer of the substance.
 - Another registrant authorized by the manufacturer to accept returns or recalls on the manufacturer's behalf.



REQUEST ASSISTANCE- SPECIAL AGENT IN CHARGE

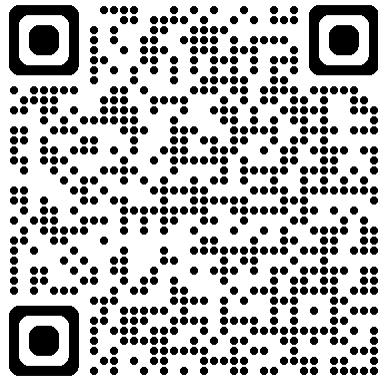
[21 CFR 1317.05\(a\) \(4\)](#)



Destruction of Controlled Substances Form 41



- REGISTRANT INFORMATION
- DRUG INFORMATION
- METHOD OF DESTRUCTION
- WITNESSES



PDF available on www.DEADiversion.usdoj.gov

You are not required to submit this form to DEA, unless requested to do so. Keep it for your records.

OMB APPROVAL NO. 1117-0007

Expiration Date 1/31/2024

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

A. REGISTRANT INFORMATION

Registered 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
Examples	16590-598-60	N/A	Kadian	60mg	Capsules	60	2	0	120 Capsules
	0555-0767-02	N/A	Adderall	5mg	Tablet	100	0	83	83 Tablets
	9050	B02120312	Codeine	N/A	Bulk	1.25 kg	N/A	N/A	1.25 kg
1.									
2.									

DEA-41 Pg. 2

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:

Disposal of Controlled Substance Waste



DEA allows disposal of Controlled Substance waste if:

- **It is authorized under your state's laws... and**
- **It is the remaining portion of used needles, syringes, or other injectable products in a practitioner environment**

[21 CFR 1304.21\(e\)](#)





Security



Storage of Controlled Substances



A registered Emergency Medical Services Agency
may store controlled substances:



- (A) at a registered location of the agency;
- (B) at any designated location of the agency or in an emergency services vehicle situated at a registered or designated location of the agency; or
- (C) in an emergency medical services vehicle used by the agency that is-
 - (i) traveling from, or returning to, a registered or designated location of the agency in the course of responding to an emergency; or
 - (ii) otherwise actively in use by the agency under circumstances that provide for security of the controlled substances consistent with the requirements established by regulations of the Attorney General.

21 U.S.C. 823(k)(6)



Security



REQUIREMENTS

- Provide effective controls and procedures to guard against theft and diversion of controlled substances.
21 CFR 1301.71(a)
- Cannot employ anyone who has a felony drug conviction who will have access to controlled substance, without a DEA approved employment waiver.
21 CFR 1301.76(a)
- Store stocks of CII-CV controlled substances in a securely locked, substantially constructed cabinet.
21 CFR 1301.75(b)

BEST PRACTICES



- Safe
- Alarm System
- Camera System
- Limit Access to Controlled Substances







Theft or Significant Loss



Theft or Significant Loss



Registrant must report ANY THEFT or SIGNIFICANT LOSS of a controlled substance.

-  Notify local Field Division Office IN WRITING within one business day of discovery of the theft or loss.
-  Submit a “Report of Theft or Loss of Controlled Substances,” DEA Form 106, electronically to the agency within 45 days after discovery of a theft or significant loss.

21 CFR 1301.76 (b)





Reporting a Theft or Significant Loss

21 CFR 1301.76
Other security
controls for
practitioners



When determining whether a loss is significant, a registrant should consider, among others, the following factors:

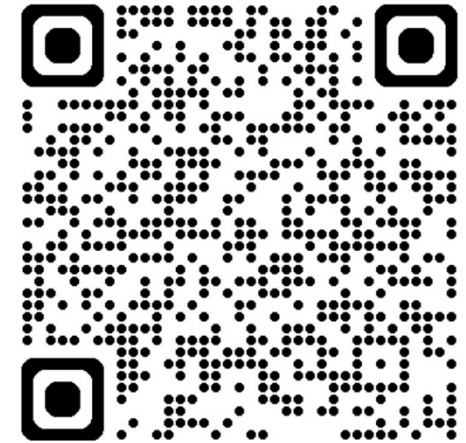
- (1) The actual quantity of controlled substances lost in relation to the type of business;
- (2) The specific controlled substances lost;
- (3) Whether the loss of the controlled substances can be associated with access to those controlled substances by specific individuals, or whether the loss can 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;
- (6) Local trends and other indicators of the diversion potential of the missing controlled substance.



Theft or Significant Loss: DEA-Form 106



REPORT OF THEFT OR LOSS OF CONTROLLED SUBSTANCES			
1. Name and Address of Registrant [REDACTED]		2. Phone No. [REDACTED]	Amendment Key / Date Submitted [REDACTED] 2022-04-27 18:32
3. DEA Registration Number [REDACTED]	4. Date of Theft / Loss 2022-04-27 Amendment # 1		5. Registrant's Principal Business [REDACTED]
6. Registrant's County MARICOPA	7. Theft Reported to Police? Y	8. Dept. Name, Report #, Officer Name, and Phone of Police Dept. [REDACTED]	
9. Number of Thefts /Losses Registrant Has Experienced in Past 24 Months? 0		10. Type of Theft / Loss Employee Theft (or Suspected)	
11. Killed / Injured Due to Armed Robbery	12. (Purchase) Value of Substances 106/107 \$2 /		13. Pharmaceuticals or Merchandise Taken? N
14. The following applies when Type of Theft / Loss (Box 10) is "Lost In Transit":			
A. Name of Common Carrier	B. Name of Consignee	C. Consignee's DEA Registration Number	
D. Did the Customer Receive the Carton?	E. Was Carton Tampered With?	F. Theft or Loss From This Same Carrier in the Past 0	
15. What identifying marks, symbols or price codes were on the labels of these containers that would assist in identifying them? TRAMADOL 50MG: WHITE, OVAL-SHAPED, SIDE 1: OUYI, SIDE 2: 101 ALPRAZOLAM 2MG: BLUE, RECTANGULAR-SHAPED, MULTI-SEGMENTED, SIDE: B 7 0 7 ALPRAZOLAM 0.5MG: PEACH, OVAL-SHAPED, SCORED, SIDE 1: GG 257			
16. Numbers of Official Controlled Substances Order Forms (DEA-222)			
17. What security measures have been taken to prevent future theft / loss? 1. WILL REVIEW RX TECHNICIAN QUALIFICATIONS FOR THE CONTROLLED SUBSTANCE CAGE. 2. REVIEW CONTROL CAGE BEST PRACTICES WITH PHARMACIST(S) AND RX TECHNICIANS.			
18. Comments A DISCREPANCY WAS IDENTIFIED DURING A CYCLE COUNT. THIS PROMPTED LOSS PREVENTION TO INITIATE AN INVESTIGATION. FOOTAGE IDENTIFIED A LICENSED PHARMACY TECHNICIAN DIVERTING TRAMADOL 50MG AND ADDITIONAL MEDICATIONS IN THEIR POCKET. INTERVIEWS WERE CONDUCTED WITH THE TECHNICIAN, WHO ATTESTED TO THEFT WITH A VERBAL AND WRITTEN STATEMENT. PHOENIX POLICE DEPARTMENT WAS NOTIFIED AND POLICE REPORT FILED.			
19. Filer Name, Title, Phone: [REDACTED]			





Questions?



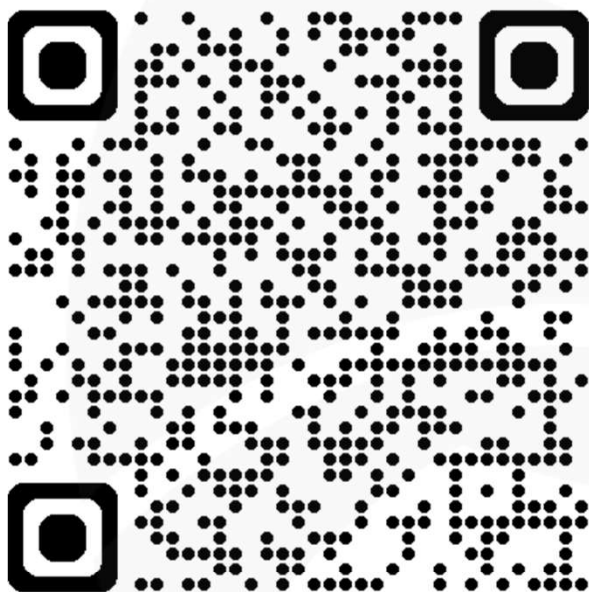


Poll Question E

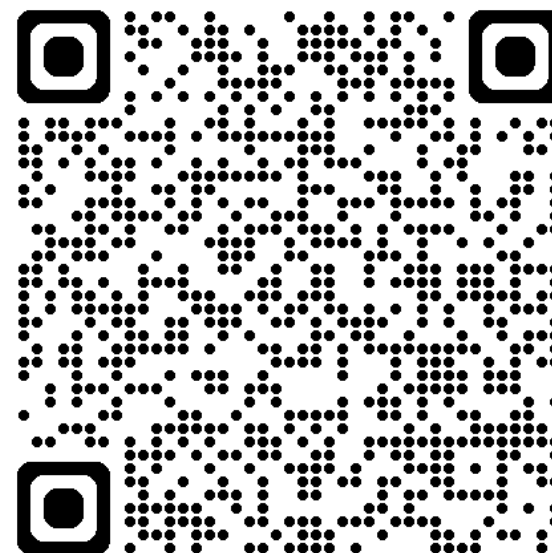




Thank You!



Registration



Practitioner's Manual

WWW.DEADIVERSION.USDOJ.GOV

DEA Registration Service Center at **1-800-882-9539** (8:30 am-5:50 pm ET)

Email: DEA.Registration.Help@dea.gov



Poll Questions

A: Under what type of DEA registration does your EMS agency currently operate?

- through a practitioner (e.g. medical director)
- through hospital supplied medications/kits
- our agency already has an EMS Agency registration

B: Are you in a state that allows EMS agency registration-list the states? (Yes/no)

C: How familiar are you with the registration process? (1-10, not familiar to very familiar)

D: How familiar are you with DEA record keeping and security regulations? (1-10, not familiar to very familiar)

E: Do you feel this presentation helped you gain a better understanding of DEA's registration process & regulations? (1-10, "No, not really" to "Yes, a whole lot")

