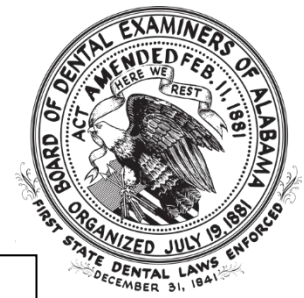


Alabama Controlled Substance Permit

APPLICATION



DENTAL LICENSE # _____D_____	Last 4 digits of SS# ____XXX-XX-____	DEA# _____ Exp: _____ Pending? Y <input type="checkbox"/>
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Applicable Drug Schedules that you are requesting (Check all that apply)

SCH II SCH III SCH IV SCH V

- Complete the application and attach a copy of your DEA license and any required explanations.
- Fee is \$235.00

PERSONAL INFORMATION Use Office address Home address as public address.

Name: _____ **Date:** _____

Office Address:

Street City County State Zip

Office Phone: _____ **Email:** _____

Home Address: _____

Street City County State Zip

Home Phone: _____ **Cell Phone:** _____

REQUIRED QUESTIONS

- Are there any actions pending or have any actions been taken against your dental license or controlled substance permit, in any state, that you have NOT reported to our Board? Y N
 a. If yes, provide a full explanation with your form.
- Are there any actions pending or have any actions been taken against your DEA registration, in any state, that you have NOT reported to our Board? Y N
 a. If yes, provide a full explanation with your form.
- Have you ever been arrested or convicted of any criminal offense? Y N
 a. If yes, please explain:
- Have you undergone any treatment for substance/alcohol abuse? Y N

ATTESTATION OF UNDERSTANDING

I hereby attest I have met all the requirements for the reinstatement of my Controlled Substance permit. I certify and acknowledge I am familiar with and will abide by the provisions of the Alabama Dental Practice Act and any applicable administrative rules. By typing my signature below and submitting this application, I affirm that I have personally reviewed all the information contained within this application.

Signature

Date