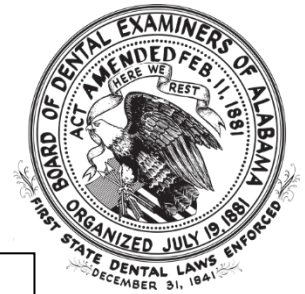


Alabama Controlled Substance Permit APPLICATION



DENTAL LICENSE #

D. _____

Last 4 digits of SS#

XXX-XX-_____

DEA# _____

Exp: _____

Pending? Y ☐

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 ☐
 - 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 ☐
 - If yes, provide a full explanation with your form.
- Have you ever been arrested or convicted of any criminal offense? Y ☐ N ☐
 - If yes, please explain:
- Are you currently suffering from any condition that impairs your judgment or that would otherwise adversely affect your ability to practice dentistry in a competent, ethical, and professional manner? 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