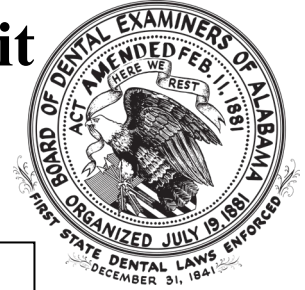


# Alabama Controlled Substance Permit

## REINSTATEMENT FORM (Due to Expiring)



DENTAL LICENSE #

D.

Last 4 digits of SS#

XXX-XX-

DEA# \_\_\_\_\_

Exp: \_\_\_\_\_

Fee: \$160.00

Applicable Drug Schedules that you are requesting (Mark all that apply)

SCH II

SCH III

SCH IV

SCH V

### Application Instructions

- Complete Form and attach a copy of your current DEA Registration with required documentation.
- Email completed form to: [licensing@dentalboard.org](mailto:licensing@dentalboard.org)
- Once the application for reinstatement is accepted, you will be emailed payment instructions.
- **NOTE:** This reinstatement form is for your CONTROLLED SUBSTANCE Permit only!

### PERSONAL INFORMATION

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, 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, 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.

Signature \_\_\_\_\_

Date \_\_\_\_\_

# AFFIDAVIT

STATE OF \_\_\_\_\_)

COUNTY OF \_\_\_\_\_)

I, \_\_\_\_\_, being duly sworn, deposes and says:

I last possessed an active Controlled Substance permit in the year \_\_\_\_\_. Due to my permit being expired, I am now seeking to reinstate my Controlled Substance permit. During the time my permit was expired, I have not prescribed any Controlled Substances in the State of Alabama in any manner, at any time.

\_\_\_\_\_  
Signature of Affiant

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

<SEAL>

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

**NOTE:** If you cannot sign the above affidavit due to having prescribed Controlled Substances in the State of Alabama during the time your license/permits were expired, please sign below to acknowledge:

\_\_\_\_\_  
Signature of Licensee