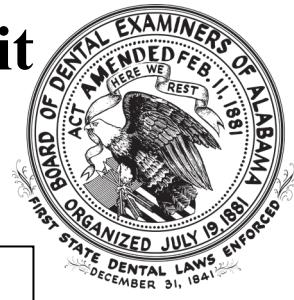


Alabama Controlled Substance Permit

REINSTATEMENT FORM (Due to Expiring)



DENTAL LICENSE # D.	Last 4 digits of SS# XXX-XX-	DEA# _____ Exp: _____	Fee: \$160.00
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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
- 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

1. 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.
2. 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.
3. Have you ever been arrested or convicted of any criminal offense? Y N
a. If yes, please explain: _____
4. 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