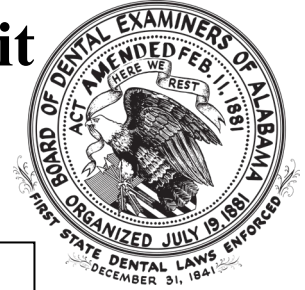


Alabama Controlled Substance Permit

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
- 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