

## **INFORMATION REGARDING APPLICATION FOR OBN REGISTRATION**

---You **MUST** have a full and active license with the proper Oklahoma licensing board **BEFORE** submitting the application. If you are an advance practice nurse or CRNA, you must also have prescriptive authority with the Oklahoma Board of Nursing before submitting the application.

---You must list a **PHYSICAL** Oklahoma **BUSINESS** address on the application. A post office box or route number alone will not be accepted. If you do not have a physical street address, then you may list a post office box or route number but must also provide directions to the business location.

---If you will not have a primary business location in Oklahoma, but will be doing relief work or locum tenens in the state of Oklahoma, then you may list your out of state address but must include an explanation letter.

---If you do not already have a D.E.A. number, then you should answer “Pending” to the question asking for a D.E.A. number, as you must obtain OBN registration **BEFORE** you can obtain D.E.A. registration.

---Once the application is processed, you will be mailed a Certificate of Registration to the business address you list on the application. If you do not want to have the initial certificate mailed to you at the business address you list on the application, then you should include a letter with the application advising of the address you want the initial certificate mailed to.

If you should have any questions regarding the application, you should contact the Registration Department at any of the telephone numbers listed on the application.

BUSINESS

Oklahoma State Bureau of Narcotics and Dangerous Drugs Control  
440 NE 39th St., Oklahoma City, OK 73105  
1-800-522-8031 / 405-521-2885

Business Name:

APPLICATION FOR OBND REGISTRATION

Submit check or money order payable to the Oklahoma State Bureau of Narcotics and Dangerous Drugs Control in the amount of \$210.00 with completed application. CASH WILL NOT BE ACCEPTED.

Physical Business Address Including ZIP Code:

DO NOT WRITE IN THIS SPACE

CONTACT NAME:

New Applicant   
Renewal Applicant   
If renewing, please list your current OBND  
Registration Number \_\_\_\_\_

Business Telephone Number:

( ) -

E-Mail Address (This E-mail address will only be used for official OBN business)

\_\_\_\_\_

Business FAX Number:

( ) -

Enter Either Your Employer Identification Number(EIN)/Federal Tax Identification Number Or Your Social Security Number:

EIN: -

Social Security Number: - -

1. Business Activity: (Choose one only)

Retail Pharmacy  Hospital  Institutional Pharmacy

Month Day Year

2. Current D.E.A. Number: \_\_\_\_\_

D.E.A. Expiration Date: / /

3. Current Oklahoma State Board License Number: \_\_\_\_\_

Current NCPDP Number: \_\_\_\_\_

5. Drug schedules requested (or authorized by D.E.A.):

C II Narcotic  C II Nonnarcotic  C III Narcotic  C III Nonnarcotic  C IV  C V

6. Are you or your place of business exempt from registration or payment of registration fee? (If so, enclose a typed letter of explanation.)  Yes  No

- a. Only officers, employees and agencies of federal, state and local governments are exempt from payment of registration fee.
- b. Practitioners or institutional drug departments acting as agents of registered institutions are exempt from registration, provided that their prescribing or handling of any controlled dangerous substance is limited to inpatients of the registered institution.

7. Has the applicant(s), business owners, officers, partners, or employees with access to controlled dangerous substances at this particular business site, been convicted of, or pled guilty to, or no contest to any offense related to controlled dangerous substances, or any felony under laws of any state or of the United States? (If yes, attach complete explanation)  Yes  No

8. Has a previous registration or professional license of any type held by the applicant under any name or corporate or legal entity been surrendered, revoked, suspended, denied or placed on probation, or is such action pending? (If yes, attach complete explanation)  Yes  No

SIGN HERE \_\_\_\_\_ Signature of Applicant or Authorized Individual

DATE \_\_\_\_\_

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Per Title 63, Section 2-303, all renewals received more than 60 days late shall be charged a late penalty of double the fee.

