



MISSION STATEMENT

COMMITTED TO HONOR, INTEGRITY, AND EXCELLENCE,
THE OKLAHOMA BUREAU OF NARCOTICS WILL SERVE
THE CITIZENS OF OKLAHOMA IN THE QUEST FOR A
DRUG FREE STATE.

R. Darrell Weaver, Director

---You MUST have an active license (not just a training 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 (please note that DEA will require that you have the same address with us that you list with them).

---If you are a new applicant and 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 emailed a Certificate of Registration to the email address you list on the application (a certificate will not be mailed to you). If you do not list an email address on the application, then the certificate will be mailed to you at the business address you list on the application. If you do not want the initial certificate mailed to the business address, or if you want it mailed instead of emailed to you, then you should include a letter with the application advising of the address you want the initial certificate mailed to.

----**You should familiarize yourself with our rules and regulations (Title 475), and especially be aware of Section 475:10-1-21 regarding change of Business Address and the fact that you must notify us in writing of any change in business address within 14 days of the change. You should also read Title 63 (The Controlled Dangerous Substances Act). You can find both of these on our website- www.ok.gov/obnidd on the left menu under the heading of Rules and Regulations.**

----One registration renewal reminder will be mailed to the last address that we have on record approx. 90 days before the registration expiration date, however, **it is the registrant responsibility to be aware of the registration expiration date and to get the registration renewed before it expires, regardless of whether or not a renewal reminder is received.**

----**If you are an initial/first time applicant or you are renewing an inactive/expired registration, please note that you do not have any authorization to conduct controlled substance activities in Oklahoma until your application has been processed and a Certificate of Registration issued.**

---- If you are renewing an expired registration that has been expired for more than 6 months, you must submit the application with an explanation letter of why the registration was not renewed before it expired and advise whether or not you have prescribed, administered or dispensed CDS in Oklahoma while it was expired.

If you should have any questions regarding the application, you should contact the Registration Office at (405)521-2885 or (800)522-8031.



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HOSPICE/HOME HEALTH APPLICATION
FOR REGISTRATION

Submit completed application and check or money order payable to the Oklahoma Bureau of Narcotics in the amount of **\$140.00** to 440 NE 39th St., OKC, OK 73105 Questions, call 1.800.522.8031 / 405.521.2885

Renewals received more than 30 days late shall be charged a late penalty of double the above fee. You will be sent a renewal reminder notice approx. 90 days before the expiration date; however, it is the registrant responsibility to get the registration renewed before it expires, regardless of whether or not a renewal reminder notice was received. If you should have a business address change at any time while registered with the OBND, you should notify this office of your address change within 14 days. View Rules and Regulations/Title 63 at www.ok.gov/obndd

BUSINESS NAME: _____

Physical Oklahoma Business Address, including zip code (note: a PO Box or Route # alone will not be accepted, if you do not have a physical street address, then list the PO Box/Route number but also include directions to the business location).

CONTACT PERSON'S NAME: _____

Are you a NEW APPLICANT OR RENEWING APPLICANT?

If you are a RENEWING Applicant, please list your 5 digit OBND Registration Number:

If your registration has been expired for more than 6 months, please attach an explanation letter of why it was not renewed before it expired.

Email Address (Will only be used for official OBND Business) _____

Business Phone Number: _____ - _____ - _____ **Business Fax Number:** _____ - _____ - _____

Federal Tax ID Number: -

1. **Current Oklahoma State Department of Health License Number:**

2. **Drug Schedules Requested:** 2 3 4 5

3. **Are you or your place of business exempt from payment of the registration fee?** YES NO

(If yes, please attach an explanation letter) – Only officers, employees and agencies of Federal, Oklahoma State and local government are exempt from payment of the registration fee.

4. **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?**

YES NO (If yes, please attach an explanation letter).

5. **Has a previous registration or professional license of any type held by the applicant under any corporate or legal entity been surrendered, revoked, suspended, denied, or placed on probation or is any such action pending?** YES NO (If yes, please attach an explanation letter).

SIGN HERE: _____ **DATE:** _____

Signature of Applicant or Authorized Individual

DO NOT WRITE IN SPACE BELOW: OFFICE USE ONLY!

Date Received: _____ **Amt.** _____ **CK#:** _____

Date Deposited: _____ **Number Issued:** _____