

New Application Forms:

---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 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, 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 at (405)521-2885 or (800)522-8031.

PRACTITIONER

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

Name:

APPLICATION FOR OBND REGISTRATION

Oklahoma Physical Business Address Including ZIP Code:

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.

DO NOT WRITE IN THIS SPACE

Form for recording application details: Date Received, CK#, AMT, Date Deposited, Number Issued, Date Issued.

Form for applicant type: New Applicant, Renewal Applicant, and current OBND Registration Number.

Business Telephone Number

Form for Business Telephone Number: () -

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

Form for E-Mail Address: A long grid of boxes for entering the email address.

Business FAX Number:

Form for Business FAX Number: () -

Social Security Number:

Date of Birth (MM/DD/YYYY)

Form for Social Security Number and Date of Birth: - / /

1. You must have an active Oklahoma license with the licensing board of your profession BEFORE submitting this application for processing. If you do not have an active Okla. license, the application will be returned to you unprocessed. If you are an APN or CRNA, you must also have prescriptive authority with the Oklahoma Board of Nursing.

Specify one only:

- Radio button options: M.D., D.O., D.D.S., D.M.D., D.V.M., D.P.M., O.D., P.A., A.P.N., C.R.N.A.

Current Oklahoma Professional Licensing Board Number:

Form for Current Oklahoma Professional Licensing Board Number: A grid of boxes.

2. Current D.E.A. Number:

Form for Current D.E.A. Number: A grid of boxes.

D.E.A. Expiration Date:

Form for D.E.A. Expiration Date: Month / Day / Year

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

- Radio button options: C II Narcotic, C II Nonnarcotic, C III Narcotic, C III Nonnarcotic, C IV, C V

4. 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

- Sub-points a and b explaining exemptions from registration fees.

5. Has the applicant 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

6. 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

7. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance? (If yes, attach complete explanation) Yes No

SIGN HERE

DATE

Signature of Applicant

Draft

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

