

---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 an out of state pharmacy or Distributor required to obtain OBNDD registration then you may list the out of state business address of the pharmacy/distributor.

---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.

---You should familiarize yourself with our rules and regulations (Title 475), as well as Title 63 (The Controlled Dangerous Substances Act), which you can find on our website- www.ok.gov/obnndd 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 should have any questions regarding the application, you should contact the Registration Office at (405)521-2885 or (800)522-8031.

PRACTITIONER APPLICATION FOR OBND D REGISTRATION

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Submit completed application and check or money order payable to the Oklahoma Bureau of Narcotics in the amount of **\$420.00** to OBND D at 419 NE 38th Terrace, OKC, OK 73105
Questions- call: 1.800.522.8031/ 405.521.2885 Monday – Friday, 8:00am - 4:30pm



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

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 registrants 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 D, you should notify this office of your address change within 14 days. You should familiarize yourself with Title 63 and Title 475 (OBN Rules & Regulations) You can View the Rules and Regulations/Title 63 at www.ok.gov/obndd

PRACTITIONER NAME: _____

Physical 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 please list the PO BOX/Route number but also include directions to the business location).

IS THIS FOR A CERTIFIED AND LICENSED AMBULANCE SERVICE OR AN EMERGENCY MEDICAL RESPONSE AGENCY? YES OR NO (If yes, please attach the name of the service or agency and a brief explanation of the procedures for the storage and security of all controlled dangerous substances)

Please indicate only one:

NEW APPLICANT

RENEWING APPLICANT - If renewing please list OBND D number: _____
(If renewing and your registration has been expired for more than 6 months you must attach an explanation letter of why it was not renewed before it expired and advise whether or not you have prescribed, administered or dispensed CDS in Oklahoma since it expired.)

CURRENT REGISTRANT applying for registration at an additional office location

Email Address (will only be used for official OBN business) _____

Cell Phone Number: _____ - _____ - _____ (will only be used for official OBN business)

Business Phone Number: _____ - _____ - _____

Business Fax Number: _____ - _____ - _____

Social Security Number: _____ - _____ - _____ **Date of Birth:** ____/____/____

PRACTITIONER APPLICATION FOR OBND REGISTRATION

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PRACTITIONER NAME: _____ Profession (Please specify ONLY one)
 MD, DO, DDS, DMD, DVM, DPM, OD, PA, APN, CRNA

Current Oklahoma Professional License Number _____ You must have an active Oklahoma license before submitting this application -you can't obtain this registration with only a training license. If you are an APN or CRNA you must also have prescriptive authority with the Oklahoma Nursing Board before submitting this application.

NPI NUMBER: _____ or PENDING / N/A (If pending you must notify us when received)

Current DEA Number: _____ Expiration Date: ____/____/____
Or PENDING / N/A (If pending you must notify us when received)

Schedules Requested: 2 2N 3 3N 4 5

1. Do you request exemption from payment of the registration fee? YES OR NO

(If yes, please attach verification/explanation letter from your employer.) The Director may exempt from payment of the fee an employee of Federal, Oklahoma State and Local government Institutions whose handling of CDS are limited to such institution.

*****FEE EXEMPTION MUST BE REQUESTED AT TIME OF APPLICATION*****

***** REFUNDS WILL NOT BE GIVEN IF THE FEE IS PAID WITH THIS APPLICATION*****

Non Fee Exempt applicants should submit application with payment of \$420.00

Fee Exempt applicants should submit application with a letter from employer verifying/explaining that you are an employee of a Federal, Oklahoma State or local government institution and your handling of CDS will be limited to that institution

2. 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 any laws of any state or of the United States? (If yes, attach explanation) YES OR NO

3. 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, placed on probation or has any other type of action been taken against your license or registration or is any kind of action pending? (If yes, attach explanation) YES OR NO

4. Have you ever been physiologically or psychologically addicted to controlled dangerous substances, alcohol or another intoxicating substance?
(If yes, attach explanation) YES OR NO

SIGN

HERE: _____ DATE: _____

Once you have obtained this Registration you can contact our PMP helpdesk for information on how to register for access to the Prescription Monitoring Program at 1-877-627-2674 or go to www.ok.gov/obndd and click Register for PMP

DO NOT WRITE IN THIS SPACE – OFFICE USE ONLY

Date Received: _____ Amount Received: _____

Check Number: _____ Date Deposited: _____

Number Issued: _____

