ADDENDUM FOR MID-LEVEL PRACTITIONERS
APPLICATION FOR REGISTRATION OR REREGISTRATION
DEA FORM 224/224A

NAME: _____

ADDRESS: _____

_____

CITY/STATE/ZIP: _____

I am authorized to engage in the following controlled substance activities by the state in which I practice:

CHECK (✓) THE APPROPRIATE ITEMS BELOW

	Prescribe	Administed	Dispense	Procure*
Schedule 2 Narcotic	_____	_____	_____	_____
Schedule 2 Non Narcotic	_____	_____	_____	_____
Schedule 3 Narcotic	_____	_____	_____	_____
Schedule 3 Non Narcotic	_____	_____	_____	_____
Schedule 4	_____	_____	_____	_____
Schedule 5	_____	_____	_____	_____

*Procure means to individually obtain controlled substances by purchase or receipt of samples from a manufacturer or distributor. It does not include receipt of controlled substances from, or pursuant to an order from a collaborating or supervising physician.

Specifiy any additional restrictions on your state authorization which are not noted above:

_____

_____

_____

I certify that the above information is true and correct.

_____
Print or Type Name Here

_____ _____
Signature Date