

SAMPLE SCREENSHOTS FROM ONLINE 225 APPLICATION FORM

HELP	1. General Information (Page 1)																																						
<p>Contact Name: Enter the name of the person the DEA should contact in case of necessity. This field is primarily for businesses to nominate a point of contact for the DEA.</p> <p>General Instructions.</p>	<table border="1"><tr><td>* Last Name</td><td><input type="text" value="Last"/></td></tr><tr><td>* First Name, Middle Initial, (Degree)</td><td><input type="text" value="First"/></td></tr><tr><td>Additional Company Information</td><td><input type="text" value="Virginia Commonwealth University"/></td></tr><tr><td>* Business Address Line 1</td><td><input type="text" value="Street Add. & Room# of Inventory"/></td></tr><tr><td>Address (Line 2)</td><td><input type="text" value="VCU Department of _____"/></td></tr><tr><td>* City</td><td><input type="text" value="Richmond"/></td></tr><tr><td>* State</td><td><input type="text" value="VA- VIRGINIA"/></td></tr><tr><td>* Zip</td><td><input type="text" value="23219"/> - <input type="text"/></td></tr><tr><td>* Business Phone Number</td><td>(<input type="text" value="804"/>) <input type="text"/> - <input type="text"/> Ex. <input type="text"/></td></tr><tr><td>Fax Number</td><td>(<input type="text" value="804"/>) <input type="text"/> - <input type="text"/></td></tr><tr><td>* Business Email Address</td><td><input type="text" value="eid@vcu.edu"/></td></tr><tr><td>Contact Name</td><td><input type="text"/></td></tr><tr><td>Mailing Address <input checked="" type="checkbox"/> (Check if same as business address)</td><td></td></tr><tr><td>Additional Company Information</td><td><input type="text" value="Virginia Commonwealth University"/></td></tr><tr><td>*Mail to: Address Line 1</td><td><input type="text" value="Street Add. & Room# of Inventory"/></td></tr><tr><td>Mailing Address (Line 2)</td><td><input type="text" value="VCU Department of _____"/></td></tr><tr><td>* City</td><td><input type="text" value="Richmond"/></td></tr><tr><td>* State</td><td><input type="text" value="VA- VIRGINIA"/></td></tr><tr><td>* Zip</td><td><input type="text" value="23219"/> - <input type="text"/></td></tr></table> <p style="text-align: center;"><input type="button" value="-Cancel-"/> <input type="button" value="Next->"/></p>	* Last Name	<input type="text" value="Last"/>	* First Name, Middle Initial, (Degree)	<input type="text" value="First"/>	Additional Company Information	<input type="text" value="Virginia Commonwealth University"/>	* Business Address Line 1	<input type="text" value="Street Add. & Room# of Inventory"/>	Address (Line 2)	<input type="text" value="VCU Department of _____"/>	* City	<input type="text" value="Richmond"/>	* State	<input type="text" value="VA- VIRGINIA"/>	* Zip	<input type="text" value="23219"/> - <input type="text"/>	* Business Phone Number	(<input type="text" value="804"/>) <input type="text"/> - <input type="text"/> Ex. <input type="text"/>	Fax Number	(<input type="text" value="804"/>) <input type="text"/> - <input type="text"/>	* Business Email Address	<input type="text" value="eid@vcu.edu"/>	Contact Name	<input type="text"/>	Mailing Address <input checked="" type="checkbox"/> (Check if same as business address)		Additional Company Information	<input type="text" value="Virginia Commonwealth University"/>	*Mail to: Address Line 1	<input type="text" value="Street Add. & Room# of Inventory"/>	Mailing Address (Line 2)	<input type="text" value="VCU Department of _____"/>	* City	<input type="text" value="Richmond"/>	* State	<input type="text" value="VA- VIRGINIA"/>	* Zip	<input type="text" value="23219"/> - <input type="text"/>
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U.S. Department of Justice Drug Enforcement Administration
Office of Diversion Control

HELP

Social Security Number:
The Debt Collection Improvement Act of 1996 (PL 104-134) requires that you furnish your federal Taxpayer Identifying Number to DEA. This number is required for debt collection procedures should your fee become uncollectable. If you do not have a Federal Taxpayer Identifying Number, use your Social Security Number.

[General Instructions.](#)

1. Personal Information (Page 2)

Enter a Social Security Number or Taxpayer Identifying Number
If you are Fee Exempt, check the Fee Exempt box below and supply the required information.

Tax ID (No dashes or spaces.)

SSN (No dashes or spaces.)

For Fee Exempt applicants ONLY:

By checking this box, the applicant hereby CERTIFIES that they are a Government employee (not a contractor) of a federal, state, or local government agency, or if an institution, it is OPERATED by a government agency and is exempt from the payment of the application fee.

CERTIFICATION FOR FEE EXEMPTION - Government Only

If you select Fee Exempt, the next page will prompt you to provide the Name, Title, and phone number of the Certifying Official (**applicants must not certify themselves**).

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HELP

Certifier's Approval
Checkbox: Click here to indicate that the certifying official agrees to the terms outlined on the Fee Exempt page.

[General Instructions.](#)

1. Personal Information (Page 3 - Fee Exempt Details)

Please provide the Name, Title, and phone number of the Certifying Official (applicants must not certify themselves).

* Name of Fee Exempt Institution (Must be a Federal, State, or County Agency)

* Certifying Official Name (other than applicant)

* Certifying Official Title

* Certifying Official Phone Number () - Ex.

By checking the following box, the applicant states that the certifying official listed above has consented to be named on this application for the purpose of certifying the applicant's Fee Exempt status.

I have read the above, and agree.

Fields with a () are required.*

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HELP

Drug Schedule Checkboxes: Click a checkbox to request authorization for that schedule. At least one schedule must be checked to proceed.

[General Instructions.](#)

2. Business Activity/Schedules

Your business activity is: RESEARCHER (II-V)

DRUG SCHEDULES [see schedules](#)

Select all that apply

- | | |
|---|--|
| <input type="checkbox"/> Schedule II Narcotic | <input type="checkbox"/> Schedule III Non Narcotic |
| <input type="checkbox"/> Schedule II Non Narcotic | <input type="checkbox"/> Schedule IV |
| <input checked="" type="checkbox"/> Schedule III Narcotic | <input type="checkbox"/> Schedule V |

Check here if you require order forms to only purchase Schedule I and II from suppliers.

Fields with a () are required.*

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HELP

Expire Date: Enter the date that your state license expires. **This is a required field.**

[General Instructions.](#)

3. State Licenses

All applicants are required to answer the following:

You must be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate.

Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn WITHOUT refund

* State License Number:

* State License State:

* Expire Date:

Sections with a () require all data fields to be entered.*

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HELP

Questions Applicants must answer all questions.
NOTE: If question 4 is not applicable to you, select 'No.'

[General Instructions.](#)

4. Background Information

All applicants are required to answer the following 4 questions:

(1) * Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or any such action pending?

Yes No

(2) * Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?

Yes No

(3) * Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

Yes No

(4) * If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

Yes No

Fields with a () are required.*

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Form 225/225A - Drug Code Selection - Windows Internet Explorer

https://www.deadiversion.usdoj.gov/webforms/background.do

File Edit View Favorites Tools Help

Convert Select

Google

Form 225/225A - Drug Code Selection

Select a schedule to add drug codes for that schedule.

Select Drug Codes

Schedule I * You have not selected any schedules which require drug code input. You may select "Next" below to continue.

Schedule II Narcotic * More details regarding drug schedules can be found in [21 CFR 1308](#).

Schedule II Non Narcotic *

Schedule III Narcotic *

Schedule III Non Narcotic *

Schedule IV *

Schedule V *

List I Chemicals *

Schedules marked with a "*" do not require drug codes to be entered.

You have not selected any schedules which require drug code input. You may select "Next" below to continue.

Drug Codes Selected

- No Codes Selected -

Done Internet 100%



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Summary of Information

Please review your responses. Click the change buttons on the left to make any required changes, then submit the application using the Submit button below.

STEP - 1 PERSONAL INFO		
Change	First Name, MI:	Susan E.
	Last Name:	Robb
	Address:	Virginia Commonwealth University 800 East Leigh Street
	City:	Richmond
	State:	VA
	Zip:	23219
	Phone:	804 827 0479
	Fax:	804 828 2521
	Business Email:	sarobb@vcu.edu
	Contact Name	
Change	SSN:	111223333
	Tax ID:	
	Fee Exempt:	Yes
Change	Institution Name:	Virginia Commonwealth Universi

Review summary. Submit button is at the bottom of this page.