

APPLICANTS: Fill out this form if licensed in another State, even if you have never held a DEA number.

This form must be submitted directly to the DEA - Do not submit this form to the Oregon Board of Dentistry. The DEA will respond to the OBD directly.

SUBMIT FORM TO:

**Drug Enforcement Administration
Attention: Registration Program Specialist
Email (preferred): DEAregistrationOregon@dea.gov / Fax: 571-387-3047
100 SW Main Street, Suite 500
Portland, OR 97204
Telephone: 571-387-3237**

Date: _____

To Whom It May Concern:

I am applying for a license to practice dentistry in the State of Oregon. Please indicate on the lower portion of this form if I have ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied.

Please send this form directly to the Oregon Board of Dentistry. Thank you for your assistance.

Name: _____

Date of Birth: _____

DEA Registration Number: _____

Address where DEA No. is Registered: _____

Signature of Applicant
DO NOT USE ELECTRONIC SIGNATURE AS THIS PREVENTS THE DEA FROM COMPLETING THEIR PORTION OF THE FORM

Please Print Name

-THIS PORTION FOR DEA USE ONLY-

DEA Response (NOT TO BE COMPLETED BY APPLICANT):

Applicant has surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied: YES NO _____

DEA Representative: Please email completed forms to Information@obd.oregon.gov