How to Register for a New DEA License – Schedule I

1. **Begin at:** [CSA Registration Online Mgmt Tools](#)

2. **Click New Registration**

   1. **New Registration**
   2. [Collector Status Request/Update Login](#)
   3. [Registration Renewal](#)
   4. [Registration Update](#)
   5. [Check Registration Status](#)
   6. [Registration Reprint Receipt](#)
   7. [Registration Reprint Certificate](#)
   8. [Registration Validation](#)
   9. [Request Form 222](#)

3. **Select your Business Category**
   - Click “Researcher” in the Form 225 Column

   ![Select Your Business Category]

   - **Form 224**
     - Practitioner (MD, DO, DDS, DMD, DVM, DPN)
     - Mid Level Practitioner (NP, PA, OD, etc.)
     - Pharmacy
     - Hospital/Clinic
     - Teaching Institution

   - **Active Military Only**
     - [Military Form 224](#)

   - **Form 225**
     - Manufacturer
     - Importer
     - Exporter
     - Distributor
     - Reverse Distributor
     - Researcher
     - Canine Handler
     - Analytical Lab

   - **Form 510**
     - Chemical Manufacturer
     - Chemical Importer
     - Chemical Exporter
     - Chemical Distributor

   - **Form 363**
     - Narcotic Treatment Clinics

   - **Form 224**
     - Practitioner (MD, DO, DDS, DMD, DVM, DPN)
     - Mid Level Practitioner (NP, PA, OD, etc.)
     - Pharmacy
     - Hospital/Clinic
     - Teaching Institution

   - **Active Military Only**
     - [Military Form 224](#)
4. **Select One Business Activity and Click Continue**

4. **Select One Business Activity**

Applying for a registration with the wrong Business Category/Activity will cause either delay in processing your application or the withdrawal of your application. If you are not certain of your Business Category/Activity, please contact DEA Customer Service at 1-800-882-9539.

- **RESEARCHER (I) ($296 / 1 YRS)**

5. **Read Schedule I Researcher Pre-application Checklist and check box to verify understanding**

- You will need a pdf copy of your IACUC approval, your Research protocol (not IACUC AUP) and the curriculum vitae for each investigator(s)

5. **Read Schedule I Researcher Pre-application Checklist and check box to verify understanding**

   B. **Are you conducting animal research? If YES:**
   
   i. You must have approval from Institutional Animal Care and Use Committee (IACUC) for animal studies. **PDF FILE UPLOAD REQUIRED**
   
   ii. You must have a protocol*, See **Title 21 CFR § 1301.18** and **21 CFR § 1301.32** for the protocol requirements. **PDF FILE UPLOAD REQUIRED**

   C. **Are you conducting research that does not use animals or humans? Examples of such research are: In-Vitro laboratory research that doesn't require institutional approval, research to develop analytical methods, and research to develop chemical synthesis procedures etc. If Yes:**
   
   i. You must have a protocol*, See **Title 21 CFR § 1301.18** and **21 CFR § 1301.32** for the protocol requirements. **PDF FILE UPLOAD REQUIRED**

8. You must submit a **Curriculum Vitae for each of the investigator(s) working on each of the studies/projects** as part of the application process. See **Title 21 CFR § 1301.18** and **21 CFR § 1301.32** for the protocol requirements.

   a. Curriculum Vitae of investigator(s) **PDF FILE UPLOAD REQUIRED**

   - I have read and understood the information and agree to the terms outlined above.
6. **Enter Personal Information**

- **Last Name**
- **First Name**
- **Additional Company Information**
- **Business Address Line 1**
- **Business Address Line 2**
- **City**
- **State**
- **Zip**

7. **Click box for fee exemption (new window opens)**

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

- **Tax ID**
- **SSN**

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**
8. **You do not need to enter Tax ID**
   - Enter SSN
   - Enter the name of the **Fee Exempt Institution** as “Texas A&M University”
   - Enter the name of your department head/supervisor as **The Certifying Official Name** and include their **Title, Email, and Phone Number**.
   - Check box to agree and click proceed
9. **Check box for Schedule 1, check for order forms, if needed, and proceed**

- Your business activity is: RESEARCHER (I)

- **DRUG SCHEDULES [Schedule Details]**
  - Select all that apply
    - [ ] Schedule 1

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

10. **Answer all four No/Yes questions honestly and proceed**

    All applicants are required to answer the following 4 questions:

    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?
    - [ ] No | [ ] Yes

    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?
    - [ ] No | [ ] Yes

    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?
    - [ ] No | [ ] Yes

    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?
    - [ ] No | [ ] Yes
11. **Document Upload**
   - Click add project and a new window will pop up.

12. Add a project name and change the default from no to yes for the question: ‘Are you conducting Animal Research’. New questions pops up.
13. **Answer yes to both**

Are you conducting Animal Research? ✗
- Yes ☐ No ☐
- You must upload your approval from Institutional Animal Care and Use Committee (IACUC) for animal studies.
  [Upload] [1 files uploaded ]

Do you have a dedicated Animal Research Protocol?
- Yes ☐ No ☐
- You must upload your Animal Research Protocol.
  [Upload] [1 files uploaded ]

14. **Click Upload and upload each document requested**

Are you conducting Animal Research? ✗
- Yes ☐ No ☐
- You must upload your approval from Institutional Animal Care and Use Committee (IACUC) for animal studies.
  [Upload] [1 files uploaded ]

Do you have a dedicated Animal Research Protocol?
- Yes ☐ No ☐
- You must upload your Animal Research Protocol.
  [Upload] [1 files uploaded ]
15. **Add a description of the document**

- Click +choose and proceed with selection (IACUC approval) and upload. Close upload box.
- Repeat for IACUC protocol upload
- *ensure file names are not too long
- Save project
16. **Upload Curriculum Vitae for each researcher by clicking upload and proceeding as with the IACUC approval and protocol.**

   - You must upload a Curriculum Vitae (Resume) for each Researcher involved in each Project contained in this Application.

   ![Upload Button]

   ![0 files uploaded]

   All Files must be in Adobe .pdf file format. Maximum file size is 10MB.

   **Category:** Curriculum Vitae

   **Description:**

   ![Choose Button]

   **CV Dr. X**

   **Maximum File Name Length is 80 Characters. Please verify this as we do not currently validate this length.**

   ![Close Button]

17. **Answer question regarding source of controlled substance(s), as applicable and proceed.**
18. **Skip this section and proceed**

19. **The system will prompt you to enter specific drug codes**
   - Follow the directions on the screen to move available codes to your selected codes
   - Click Proceed
20. **Verify info, edit as needed. Ensure application is complete. Sign electronically.**

**WARNING:** 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than $250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

* e-Signature: 

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity.

See 21 C.F.R § 1301.13(i) for more information on who can certify this application
21. **Validate email address and submit application**

   ![Image of checkbox and 'Submit Application' button]

   - I have validated the email address associated with this application.

   ![Image of 'Submit Application' button]

22. **Note your tracking number and print a receipt for your records**

   It is recommended that you use your browser's print function to print a copy of this page for your records. Your application will be reviewed and will be processed when the review is complete. This process may take 4 to 6 weeks.

   We have a new email subscription service. This service will make it easier for you to receive information of interest to you. If you would like to receive notifications, please click or go to [https://public.govdelivery.com/accounts/USDOJDEAPCD/subscriber/new](https://public.govdelivery.com/accounts/USDOJDEAPCD/subscriber/new) to sign up.

   It is recommended you print a detailed receipt: ![Image of 'Print Receipt' button]

23. **To check on the status of your registration, return to:** [CSA Registration Online Mgmt Tools](#)

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