

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

<p>Form 224 Practitioner (MD, DO, DDS, DMD, DVM, DPM) Mid Level Practitioner (NP, PA, OD, etc.) Pharmacy Hospital/Clinic Teaching Institution</p>	<p>Form 225 Manufacturer Importer Exporter Distributor Reverse Distributor Researcher  Canine Handler Analytical Lab</p>	<p>Form 510 Chemical Manufacturer Chemical Importer Chemical Exporter Chemical Distributor</p>
<p>Active Military Only Military Form 224</p>	<p>Form 363 Narcotic Treatment Clinics</p>	
<p>Civil Service Practitioner/MLP Assigned to Military Installations Form 224</p>		

4. **Select One Business Activity and Click Continue**

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)

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**

Personal Information

Last Name* ?

First Name* ?

Additional Company Information ?

Business Address Line 1* ?

Business Address Line 2 ?

City* ?

State* ?

Zip* (No dashes or spaces) ?

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 (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 ?

← Previous → Proceed ⌂ Cancel

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

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 (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 ?

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* ?

Certifying Official Title* ?

Certifying Official Email* ?

Certifying Official Phone* Ext. ?

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.

THE FEE EXEMPT REGISTRATION IS RESTRICTED FOR GOVERNMENT WORK ONLY. IT MAY NOT BE USED AT NON-GOVERNMENT FACILITIES.

I have read the above, and agree* ?

← Previous → Proceed Cancel

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. ?  **Check, as applicable**



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.

You must upload appropriate documents for each of your research projects. Required for new applications, or when indicating a change in projects on a previous page, or adding a drug code to your registration.

Project Name	Action
At least one project is required.	
<input type="button" value="Add Project"/>	

Uploaded Files			
Filename	Upload Category	Description	Project
No files uploaded.			

← Previous → Proceed

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.

Project Name*

Are you conducting Human Research? Yes No

Are you conducting Animal Research? Yes No

Are you conducting Other Research? Yes No

Do you have a Consolidated Research Protocol? Yes No

Uploaded Files				
Filename	Upload Category	Description	Project	Action
No files uploaded.				

→ Save Project

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.

[1 files uploaded]

Do you have a dedicated Animal Research Protocol?

Yes No

- You must upload your Animal Research Protocol.

[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.

[1 files uploaded]

Do you have a dedicated Animal Research Protocol?

Yes No

- You must upload your Animal Research Protocol.

[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

Upload File

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

Category: Institutional Animal Care and Use Committee Approval

Description*:

+ Choose

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

Close

→ 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 

[0 files uploaded]

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

Category: Curriculum Vitae

Description*: 



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



17. Answer question regarding source of controlled substance(s), as applicable and proceed

Are you obtaining the Schedule I controlled substances that are mentioned in the research protocol from external sources?
 a. If YES, you will need to provide the DEA registration number(s) of the source(s) and validate their name and address.

Dea Number* ? Next

Add

DEA Number	Name	Address	Remove
No External Sources Entered.			

← Previous → Proceed Cancel

18. **Skip this section and proceed**

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 considered to make the application as defective and it will be withdrawn **WITHOUT refund**

State License Number ?

State License State State ?

State License Expire Date ?

← Previous → Proceed Cancel

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



Available Codes		
<input type="checkbox"/>	Name	Code
<input type="checkbox"/>	1-(1-PHENYLCYCLOHEXYL)PYRROLIDINE	7458
<input type="checkbox"/>	1-[1-(2-THIENYL)CYCLOHEXYL]PIPERIDINE	7470
<input type="checkbox"/>	2,5-DIMETHOXYAMPHETAMINE	7396
<input type="checkbox"/>	3,4-METHYLENEDIOXY AMPHETAMINE	7400
<input type="checkbox"/>	3,4-METHYLENEDIOXYMETHAMPHETAMINE	7405
<input type="checkbox"/>	5-(1,1-DIMETHYLHEPTYL)-2-[(1R,3S)-3-HYDROXYCYCLOHEXYL]PHENOL	7297
<input type="checkbox"/>	5-(1,1-DIMETHYLOCTYL)-2-[(1R,3S)-3-HYDROXYCYCLOHEXYL]-PHENOL	7298
<input type="checkbox"/>	5-METHOXY-N,N-DIISOPROPYLTRYPTAMINE	7439
<input type="checkbox"/>	ACETORPHINE	9319
<input type="checkbox"/>	ACETYLMETHADOL	9601
<input type="checkbox"/>	ALLYLPRODINE	9602
<input type="checkbox"/>	ALPHA-METHYLTRYPTAMINE	7432
<input type="checkbox"/>	ALPHACETYLMETHADOL EXCEPT LAAM	9603
<input type="checkbox"/>	BUFOTENINE	7433

Add -->

<-- Remove



Selected Codes		
<input type="checkbox"/>	Name	Code
<input type="checkbox"/>	3-METHYLFENTANYL	9813
<input type="checkbox"/>	ACETYL FENTANYL	9821

← Previous → Proceed ⓧ Cancel



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\(j\)](#) for more information on who can certify this application

21. Validate email address and submit application

I have validated the email address associated with this application.

↑

→ Submit Application ←

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/USDOJDEADCDC/subscriber/new> to sign up.

It is recommended you print a detailed receipt: ←

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

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](#)