# DEA Number

## Residents only – Interns do not obtain DEA number

1. Go to [http://www.deadiversion.usdoj.gov/drugreg/reg\_apps/](%20http%3A/www.deadiversion.usdoj.gov/drugreg/reg_apps/)
2. Click on New Applications
3. Click on Begin Application Process
4. Form 224 is pre-selected. Under Select One Business Activity drop down, select Practitioner.
5. Click Begin

1. General Information (Page 1)

1. Type YOUR last name
2. Type YOUR first name
3. Additional Company Information type *University of Florida, College of Dentistry*
4. Business Address Line 1 type *1395 Center Drive*
5. Address (Line 2) type *YOUR department’s room number*
6. City *Gainesville*
7. State *FL*
8. Zip *32610*
9. Business Phone Number *YOUR department’s phone number*
10. Business Email Address YOUR ufl.edu or dental.ufl.edu account
11. Contact Name: *Dr. Carol Stewart*
12. Mailing Address: check the box (Check if same as business address)
13. Click on Next - >

1. Personal Information (Page 2)

1. **Do NOT** enter Tax ID or SSN. **LEAVE BOTH BOXES BLANK**
2. Check box next to CERTIFICATION FOR FEE EXEMPTION-Government Only
3. Click on Next - >

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

1. Name of Fee Exempt Institution: *UF College of Dentistry*
2. Certifying Official Name: *Dr. Carol Stewart*
3. Certifying Official Title: *Clinical Dean*
4. Certifying Official Phone Number: *(352) 273-5800*
5. Check box next to I have read the above, and agree
6. Click on Next - >

2. Business Activity/Schedules

1. DRUG SCHEDULES Check box next to Schedule II Narcotic. **Do not check other boxes.**
2. **Do not check box** “…if you require order forms…”
3. Enter your NPI if you have one
4. Degree Select your degree from the drop down box
5. Birthdate Enter your birthdate
6. Graduation Year Select the year you graduated from dental school
7. Medical/Professional School Enter the name of your dental school
8. Click on Next - >

3. State Licenses

1. State License Number: Enter your license number or residency/intern permit number
2. State License State: Enter the state
3. Expire Date: Enter the expiration date
4. Click on Next - >

4. Background Information

1. Fill out sections 1-4 appropriately
2. Click on Next - >

Summary of Information

Verify that all information has been entered accurately. Make any necessary changes.

1. \*e-Signature: *Your name*
2. Click on Submit Application
3. Make a print out for your records