

To The Applicant – Fill out this form if licensed in another State

Please complete the identifying information and submit to:

Drug Enforcement Administration
Attention: Twilla Miller
100 SW Main Street, Suite 500
Portland, OR 97204
Telephone: 888-219-4261
Fax: 571-387-3047

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

Please Print Name

DEA Response:

Applicant has surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied: YES NO (Not to be completed by applicant!)

Please mail or fax to the following: Oregon Board of Dentistry
1500 SW 1th Avenue, Suite 770
Portland, OR 97201
Fax: (971) 673-3202