

**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: 503-721-6602

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 1<sup>th</sup> Avenue, Suite 770  
Portland, OR 97201  
Fax: (971) 673-3202