

Kansas State Board of Nursing
Landon State Office Building
900 SW Jackson Suite 1051
Topeka, KS 66612-1230

Controlled Substance Verification Form
(Please Print or Type)

Initial Application

Change

ARNP Name: _____ Kansas Certificate of Qualification Number: _____

Kansas RN License Number: _____ Expiration Date _____

Check your ARNP Category: Clinical Nurse Specialist Nurse Midwife Nurse Practitioner

Attention: ARNP's may choose not to participate in prescribing controlled substances. Those individuals not wishing to participate do not need to complete and submit this form.

Business Address (must include street address) _____

A change in principal place of business or responsible physician needs to be reported within 10 days to Board office.

Name of Responsible Physician On The Protocol	Physician's Kansas License Number	Physician Signature/Date

(Attach additional pages if needed)

The ARNP is authorized to prescribe controlled substances as follows based on protocols with responsible physician:

	NONE	ALL	All Except (Specify)
Schedule II			
Schedule IIN			
Schedule III			
Schedule IIIN			
Schedule IV			
Schedule V			

INFORMATION PERTAINING TO DEA REGISTRATION	YES	NO
1. Responsible physician has a current DEA number?		
2. ARNP has a current DEA number? (You must provide a copy of the DEA registration to KSBN)		
3. Has the DEA placed restrictions on the responsible physician and/or ARNP prescribing controlled substances in any schedules?		

If the answer is "no" to question 1 or 2, please provide explanation:

First Time DEA Applicant

Other: _____

If the answer is "yes" to question 3, please provide explanation: _____

Signature

Date

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Landon State Office Building
900 SW Jackson Suite 1051
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785-296-4929
www.ksbn.org**

Information for ARNP's Regarding DEA Numbers

Federal Law allows an advance registered nurse practitioner to obtain a DEA number. K.S.A. 65-1130 requires that written protocol be followed when prescribing, administering, or supplying a prescription.

An advance registered nurse practitioner in the category of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, and amendments thereto, does not have authority to prescribe medication in Kansas.

NEW APPLICATION INSTRUCTIONS

NOTE: You must obtain a DEA number from the federal government **before** filling out the Kansas Controlled Substance Verification Form (CSVF). You may not prescribe controlled substances in Kansas until you provide KSBN with a copy of your DEA registration and fill out the CSVF.

- I. , Complete the Application for Registration Under Controlled Substances Act of 1970 (Form - 224) available from the DEA at www.deadiversion.usdoj.gov/drugreg/reg_apps/index.html. You can complete the application on-line or print the application.

Follow the instructions for completing the Form-224 carefully. To begin the On-line application, select "MLP-Nurse Practitioner"

- Section 1:
 - Mark "Individual Registration" and enter your name as it appears on your license, followed by your business address, phone and e-mail;
 - Enter "NP" for Professional Degree whether you are a nurse practitioner, clinical nurse specialist or nurse midwife
- Section 2: Mark "Mid-Level Practitioner"
- Section 3: Check the Schedules you are authorized to prescribe per protocol; the schedules checked must match those listed on your CSVF submitted to KSBN
- Section 4: State License number – enter the middle 5 numbers of your ARNP certificate of qualification (license) e.g. 53-12345-011; if you have not received your Kansas ARNP certificate of qualification, enter "pending"
 - State Controlled Substance License Number: enter "No"
- Return the completed DEA Form-224 and the fee required to the Drug Enforcement Administration. Direct questions about the DEA Form-224 to (888) 803-1179.

- II. Complete the Controlled Substance Verification Form (CSVF) – available in the forms section at www.ksbn.org

1. Mark '**Initial Application**' box. Enter your name as it reads on your license
2. Enter your Kansas RN License Number and expiration date
3. Enter your Kansas ARNP Certificate of Qualification Number (license number)
 - Do not enter your national specialty certification number
 - If your Kansas ARNP Certificate of Qualification is pending; KSBN will verify the number when we receive the request from DEA

4. Enter your business address (**street number and name, not a P.O. Box**)
5. Enter responsible physician(s) on the protocol
6. Enter physician's Kansas license number
7. Check scheduled drugs that match what you put on the DEA form-224
8. Check (yes) or (no) to the questions pertaining to DEA registration;
9. Sign and date your application
10. Request each physician to sign and date next to their name
11. Return the CSVF to Kansas State Board of Nursing at the address above, with a copy of your DEA registration. Direct questions about the Controlled Substance Verification Form to (785) 296-5062

Reporting Changes:

To DEA: Name Changes, Business Address Changes, and Schedule Changes. When you submit the change to the DEA, you will also need to submit a new CSVF to KSBN.

TO KSBN: In addition to the changes that you must report to the DEA, you are also required to submit changes in your responsible physician to KSBN within 10 days (they do not need to be reported to the DEA unless there is change in business address).

Your DEA Registration will expire in three years (not less than 28 months and not more than 39 months). The DEA will automatically mail your renewal 45 days prior to the expiration date. The renewal applications are not forwarded so it is important that address changes are reported.