

[\[Numerical Listing\]](#) [\[Categorical Listing\]](#)



THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, DC 20301-1200

**7 April 2000**

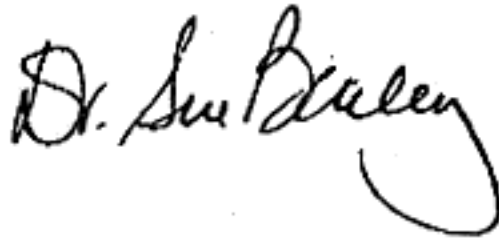
MEMORANDUM FOR EXECUTIVE DIRECTOR, TRICARE MANAGEMENT ACTIVITY

SUBJECT: Drug Enforcement Administration (DEA) Numbers for DoD Providers

As the availability of DoD pharmacy services to beneficiaries has expanded beyond the MTF in recent years to include the use of mail-order and commercial pharmacies, it has become increasingly important to be able to identify individual providers by a unique number. Past policy guidance has directed that DoD providers use their Social Security Number (SSN) as their unique identifier. Although the DEA has recognized the Social Security Number (SSN) as equivalent to a DEA number for prescriptions written for DoD beneficiaries by DoD providers, computer software problems at non-MTF pharmacies have complicated the filling of prescriptions that identify the DoD provider by SSN. These software fields require digits consistent with a DEA registration number.

Present policy of the DEA requires that all applicants for a DEA number hold a current State medical/dental license for the same State in which the provider is assigned/practices. However, in collaboration with DoD Health Affairs and TRICARE Management Activity's Centralized Credentials Quality Assurance System (CCQAS), the DEA has agreed to initiate a unique, DoD specific process for DoD uniformed and contract providers to obtain a DEA number. This process allows each individual provider's current and unrestricted license from any state to satisfy the application's requirement. This fee-exempt DEA registration number will be used solely for DoD beneficiary prescriptions. DoD providers may not use this number for off-duty employment. Providers so involved must obtain an additional DEA registration number for those purposes through the regular application process and at regular fees.

Application guidelines have been developed by the DEA and CCQAS Services representatives (Attachment 1) to execute this process. This cooperative effort between the DoD and DEA will allow better oversight of controlled drugs within the DoD, and will allow the DoD to implement safer and more cost-effective business practices for pharmacy. Implementation of this memorandum will be scheduled by TRICARE regions to mirror the implementation of the Pharmacy Data Transactions Service (PDTS) as outlined in Attachment 1, Tab C. My point of contact for this issue is Lt Col Steven Humburg, MC, FS at (703) 681-1703 X 5210. Service points of contact are LTC Phyllis Stafford at (210)-221-6195 - Army, CDR Georgi Irvine at (904)-542-7200 - Navy, and Lt Col Sharon Ahrari at (202)-767-4077 - Air Force.



Dr. Sue Bailey

Attachment:  
As Stated

---

Individual Provider DEA Registration Number Application Process

1. A modified DEA "Application for Registration" will be available through a DoD Military Healthcare System extranet website which is scheduled to stand up on 1 April, 2000. Access to that site will be restricted and require codes issued through the MTF credentialing office. The application will be completed on-line by each physician/dentist per instructions given on-line. The provider will then print and sign a hard copy of the application prior to electronically sending it to the TMA database. The credentialing authority of the MTF will receive the signed hard copy of the application from the provider and extract the provider's electronic information from the TMA database to a disc. The credentialing authority will then submit both items to the DEA for processing (the provider is not to submit the application to the DEA directly). A sample DEA Registration Number application with DoD specific application completion instructions provided by the DEA is attached, (Tab A). The completed application will be submitted to:

DRUG ENFORCEMENT ADMINISTRATION  
REGISTRATION UNIT/ODRR  
2401 JEFFERSON-DAVIS HIGHWAY  
ALEXANDRIA, VIRGINIA 22301  
ATTN: S DAVIES / M. BROWN

2. In addition to the completed DEA Registration Number Application, a "Drug Enforcement Administration (DEA) Registration Number, DoD Provider Multi-purpose Administrative Form" (Tab B) will be signed by the provider and accompany the application form. A copy of the signed form will also be maintained in the provider's credentials file.
  - o The "Statement of Understanding" signed by the provider reflects the provider's understanding that under no circumstances will the DEA Registration Number assigned be used by the DoD provider when prescribing controlled medications for patients other than DoD beneficiaries (i.e. not used for off-duty employment). It also indicated understanding that the assigned DEA number will not be used for purchasing or storage of controlled substances.

- The "Notification of Change of Address" portion of the form will be signed by the provider and submitted to the DEA by the credentialing authority upon permanent change of station (PCS) of the provider. This will be accomplished as part of the "out-processing" clearance by the losing MTF.
  - Similarly the "Surrender of DEA Registration Certificate" portion of the form will be signed by the provider and submitted to the DEA by the credentialing authority during the provider's military separation processing.
3. The DEA Registration Number Certificate will be maintained in the provider's credentials file by the MTF's credentialing authority. The DEA Registration Number will also be entered and maintained in the Centralized Credentials Quality Assurance System.
  4. The DEA will renew the Registration Numbers for the entire DoD automatically every 3 years for those providers in the TMA database. Updated certificates will be sent to the MTF credentials office.
  5. The DEA will begin accepting applications from TRICARE Regions per Tab C.

---

[Tab A](#)

### **INSTRUCTIONS FOR COMPLETING FOR DEA-224 (Department of Defense Applicants only)**

This form is for new applicants only and not for renewal of registration. This application is for a three-year registration period. **DEA number issued as a result of this application will not be valid upon separation from military service.**

**Line 1&2** - Self-Explanatory

**Line 3** - Disregard "Tax Identification Number", enter Social Security Number

**Line 4** - Name of Military Treatment Facility

**Line 5** - Enter "Professional Staff Credentials Office"

**Line 6** - Enter duty station with State and Zip Code

**Line 7** - Enter the MTF's Professional Staff Credentials Office phone number

**Block #1. Business Activity** - Mark Practitioner and fill in professional degree as instructed

**Block #2. Order Form Books** - Not applicable (Order forms are not allowed).

**Block #3. Drug Schedules** - Indicate schedule(s) of controlled substance(s) pertaining to your business activity and those that you intend to prescribe. (Most providers should mark all of these schedules.)

**Block #4. State Licensure** - Applicant can be licensed in any state, not necessarily in the state of intended practice. All applicants must answer Items 4 (a),(c),(d),(e), and (f).

**Block #5. Explanation for Answering "YES" to Items 4 (c)-(f)**, include a statement using the space provided in item 5 on the second side of the application.

**Block #6. Payment Method** - Not Applicable

**Block #7. Fee Exemption** - Complete as instructed. Payment of application fee is waived. Type name and title of the individual who monitors and maintains provider credentials within the MTF.

**Block #8. Applicant Signature** - Type name of applicant.

- Print completed form to desktop printer and sign block #8 in ink.
- **Click on "Send" to register completed form in TMA database. (Note: Once the application is "sent" it cannot be retrieved by the provider for further edits.)**
- Go to "Drug Enforcement Administration (DEA) Registration Number DoD Provider Multi-purpose Administrative Form" and complete appropriate items of the form. Print the completed form and sign it.
- Submit the signed DEA application and multi-purpose administrative form to the Credentials Monitor who will sign block #7 and submit the forms to the DEA.

**WARNING: Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnished false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.**

Tab B

**Drug Enforcement Administration (DEA) Registration Number**  
**DoD Provider Multi-purpose Administrative Form**

**[ ] Statement of Understanding**

I understand that the DEA number assigned to me is to be used only for official duty in the care of DoD beneficiaries and may not be used for any other category of patients. I understand that the number will be used for prescribing and administering only and cannot be used for purchasing or storing of controlled substances. I understand that the DEA number will be voluntarily surrendered upon separation from military service and a separate DEA number is required for work outside official military duty.

Applicant Name: \_\_\_\_\_  
 Unit/Facility: \_\_\_\_\_  
 Unit Address: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

State of \_\_\_\_\_ Medical/Dental License Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Credentialing

Authority: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number (Commercial): \_\_\_\_\_

Signature of Credentialing Authority \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**[ ] Notification of Change of Station**

DEA Number of

Registrant: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Old Unit/Facility: \_\_\_\_\_

New Unit/Facility: \_\_\_\_\_

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Credentialing Authority \_\_\_\_\_ Date: \_\_\_\_\_

-----  
**[ ] Surrender of DEA Registration Certificate**

I surrender my DEA certificate of registration. Certificate of registration is attached.

DEA Number \_\_\_\_\_

Registrant Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail to:

**Drug Enforcement Administration  
Registration Unit - ODRR  
Washington, D. C. 20537**

**Schedule for DEA Number Registration**  
**By TRICARE Region**

To avoid inundating the DEA with initial requests for DEA Registration Numbers, the DEA will accept initial DEA Registration Number applications by TRICARE Regions in the following sequence. Military Treatment Facilities (MTFs) credentialing authorities should submit DEA Registration Number applications for their providers during the month listed for their TRICARE Region. Submitting the applications early in the month is encouraged to allow the DEA time to process applications throughout the months indicated. The below table applies only to the initial request for DEA Registration Numbers (Providers who will be separating from the military within 3 months after the month scheduled for that Region need not obtain a DEA number.) Providers assigned to MTFs subsequent to that Regions' initial application period will apply for an initial DEA Registration Number or provide "Notification of Change of Address" per the instructions on Attachment 1.

<b><u>Month</u></b>	<b><u>Region</u></b>
April 2000	Wright-Patterson AFB, OH (PDTS alpha test site)
May 2000	Region 1 and Region 5
June 2000	Regions 3 and 4
July 2000	Region 6
August 2000	Regions 7, 8, and 9
September 2000	Regions 10, 11, and 2
October 2000	OCONUS

- [Application for Registration](#) (PDF file)

---

[\[Top\]](#)

Last update: 04/28/2000