

****** For Official Use Only (FOUO) ********Drug Enforcement Administration (DEA) Registration Number
DoD Provider Administration 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 of official military duty.

Applicant Name: ●			
Unit/Facility:	NAVAL MEDICAL CENTER		
Unit Address:	620 JOHN PAUL JONES CIRCLE ATTN: MEDICAL STAFF SERVICES PORTSMOUTH VA 23708-2197		
SSN: ●			
State of: ●		Medical/Dental License Number:	
Expiration Date: ●			
Signature: ●		Date: ●	

Credentials Authority:

Title:

Address:

Patricia K. Saunders
Credentials Authority
620 John Paul Jones Circle
Portsmouth, VA 23708-2197

Phone Number (Commercial):

(757) 953-7550

Signature of Credentials Authority: _____ Date: _____

Print this form, sign, where necessary and remit to your Credentials Office for review and submission.

DEA Headquarters
Attn: Registration Section/ODR (Military Rep)
PO Box 2639
Springfield, VA 22152-2639

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