



# ALASKA STATE MEDICAL BOARD

Department of Commerce, Community, and Economic Development  
Division of Corporations, Business, and Professional Licensing  
(333 Willoughby Avenue - Ninth Floor)  
Post Office Box 110806  
Juneau AK 99811-0806  
A – K: 907/465-2756 L – Z : 907/465-2541  
E-mail: medicalboard@alaska.gov

**MED**

For Office Use Only

## VERIFICATION OF STATUS OF DEA REGISTRATION

**Instructions to the Applicant:** Type or print legibly. Please complete Part I below and mail to the DEA.

### PART I

Full Name (Last, First, Middle)	Maiden or Other Names Used:	Date of Birth (MM/DD/YYYY)
Mailing Address	City	State Zip
Address Where DEA Registered	DEA Registration No.	
Signature of Applicant	Date of Signature	

MAIL THIS REQUEST FORM TO: Drug Enforcement Administration  
Attn: Diversion Unit  
300 5<sup>th</sup> Avenue, Suite 1300  
Seattle, WA 98104

## FOR DEA USE ONLY

**Instructions to the DEA staff:** Complete Part II below. Please search your records and advise if there is any derogatory information on file against this physician. Please return this form directly to the State Medical Board at the letterhead address.

### PART II

- Has this applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied? .....  No  Yes
- Is any such investigation pending? .....  No  Yes

DEA Comments: \_\_\_\_\_  
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