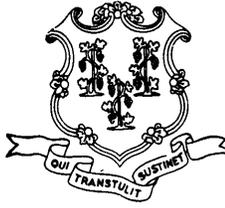


**STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION**

License Services Division
450 Columbus Blvd, Ste 801
Hartford, CT 06103
Email: dcp.licenseservices@ct.gov
Website: www.ct.gov/dcp



For Official Use Only

Controlled Substance Registration for Practitioner Reinstatement Form

- A registration may be reinstated provided a reinstatement form and the applicable fee are submitted **not later than two years after the date of expiration or you must reapply.**
- The registration number you wish to reinstate **must** be entered on this form.
- A **reinstatement fee of \$50.00** must accompany this form. Checks or money orders should be made payable to *“Treasurer, State of Connecticut.”*
- All registrations expire biennially of every odd-numbered year on February 28th. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.
- Mail this completed form with the applicable fee to the above address.

Controlled Substance Registration for Practitioner Number to be Reinstated	Expiration Date of Registration

Registrant Information

Please check (✓) preferred address for mailing: Residence Practice Site

Name

Residence Street Address	City	State	Zip Code
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Telephone Number	Email Address to be used for all correspondence
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CT Professional Medical License Number (from DPH)	National Provider Identification Number	Date of Birth
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Practice Site Name (Physician’s Office, Hospital, Long-Term Care Facility, etc.)

Street Address	City	State	Zip Code
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Indicate Drug Schedules:

Schedule I (Research) Schedule II Schedule III Schedule IV Schedule V

Has any Federal or State registration held by the applicant been surrendered, revoked, suspended, limited, denied or is any such action pending? Yes No If yes, attach a statement of explanation.

Certification

I certify, under penalty of law (Section 53a-157b, a Class A Misdemeanor) that the information provided in this application is the truth to the best of my knowledge.

Signature

Date