

**WYOMING STATE BOARD OF PHARMACY**  
**1712 Carey Avenue, Suite 200**  
**Cheyenne, WY 82002**  
**307-634-9636 Telephone**  
**307-634-6335 Fax**  
**BOP@wyo.gov Email**

**WYOMING CONTROLLED SUBSTANCE REGISTRATION APPLICATION**

- Registration fee is \$80.00 (Make check payable to Wyoming State Board of Pharmacy).
- Registrations expire bi-annually on June 30<sup>th</sup>; renewal notices will be mailed to registrants **April 1 of that year.**

**Practitioner's Name:** \_\_\_\_\_

**Practitioner's Wyoming License Number:** \_\_\_\_\_

- *If a permanent number has not been assigned, enter the temporary number authorizing you to practice in Wyoming and enclose a copy of your license with your application.*

**Practitioner's Social Security Number:** \_\_\_\_\_

(Required)

**Practice/Facility name:** \_\_\_\_\_

**Please provide the address you would like your registration mailed to for new and renewal purposes:**

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Practitioner's Professional Category:**

<input type="checkbox"/> APRN	<input type="checkbox"/> DVM
<input type="checkbox"/> DDS	<input type="checkbox"/> MD
<input type="checkbox"/> DMD	<input type="checkbox"/> OD
<input type="checkbox"/> DO	<input type="checkbox"/> PA-C
<input type="checkbox"/> DPM	<input type="checkbox"/> Certified Animal Euthanasia Technician

**Is this a locum tenens assignment?**  Yes  No

**Business entity if NOT a practitioner:**

<input type="checkbox"/> Analytical Laboratory	<input type="checkbox"/> Teaching Institution
<input type="checkbox"/> Clinic	<input type="checkbox"/> Research
<input type="checkbox"/> Law Enforcement (K-9 program)	
<input type="checkbox"/> Animal control, sponsored by a law enforcement agency	

Business entity representative if **NOT** a practitioner (*this would be that individual who will or has signed the DEA registration application*):

\_\_\_\_\_  
*Please print name clearly*

\_\_\_\_\_  
*Title*

**APPLICATION FOR WYOMING CONTROLLED SUBSTANCE REGISTRATION**

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Date business activities involving controlled substances will begin in Wyoming: \_\_\_\_\_

Federal DEA Registration Number: \_\_\_\_\_

Federal DEA Registration Expiration Date: \_\_\_\_\_

- Enter "pending" if you do not have a current DEA number and provide a copy as soon as you receive it.
- If locum tenens or relocating to Wyoming, provide your current DEA number held in the state in which you currently practice, or have most recently practiced.
  - If relocating to Wyoming, provide a copy of your new DEA registration for your Wyoming practice/facility location as soon as you receive it.

Drug schedules (check all applicable):

- Schedule II       Schedule III       Schedule IV       Schedule V
- Schedule I (If checked, provide of copy of your DEA authorization for Schedule I substances.)

**THE FOLLOWING QUESTIONS MUST BE ANSWERED**

Have you been convicted of a felony or misdemeanor involving moral turpitude under any state or federal law relating to any controlled substance?

- Yes (Please provide details.)       No

Has your federal DEA registration or any state controlled substance registration been suspended, revoked, or denied to prescribe, administer, dispense, store, or distribute controlled substances?

- Yes (Please provide details.)       No

I hereby apply for Wyoming Controlled Substance Registration, as required by W. S. § 35-7-1024 of the Wyoming Controlled Substance Act.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

**INCOMPLETE APPLICATIONS WILL DELAY REGISTRATION.**

*For Board Use*

Date received: \_\_\_\_\_ Payment amount: \_\_\_\_\_ Check number: \_\_\_\_\_

DEA Registration Verified: \_\_\_\_\_ State License Verified: \_\_\_\_\_

Registration Number Assigned \_\_\_\_\_ Date Certificate Mailed: \_\_\_\_\_