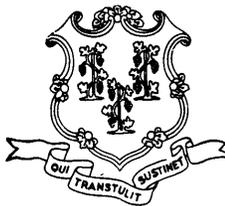


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 License Services Division
 165 Capitol Avenue
 Hartford, CT 06106
 Email: license.services@ct.gov
 Web site: www.ct.gov/dcp



Controlled Substance Practitioner Reinstatement Form

- **This form can only be used to reinstate a registration that expired on or after 02/28/2011.** The registration number you wish to reinstate must be entered on this form.
- A total **reinstatement fee of \$50.00** for each two-year period of expiration must accompany this form. Checks or money orders should be made payable to "Treasurer, State of Connecticut."
- Return this completed form with the applicable fee to the above address.
- All registrations expire biennially on February 28th. A completed form with the applicable fee will reinstate the indicated registration to the current renewal year.

Registration Number

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

Registrant Information

Please check (✓) preferred address for mailing: <input type="checkbox"/> Residence <input type="checkbox"/> Practice Site			
Name			
Residence Street Address		City	State Zip Code
Telephone Number	Email Address		
Professional Medical License Number (from DPH)		Social Security Number	Date of Birth
Practice Site Name (Physician's Office, Hospital, Long-Term Care Facility, etc.)			
Street Address		City	State Zip Code
Drug Schedules: <input type="checkbox"/> Schedule I (Research)	<input type="checkbox"/> Schedule II	<input type="checkbox"/> Schedule III	<input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V
Has any Federal or State registration held by the applicant been surrendered, revoked, suspended, limited, denied or is any such action pending? <input type="checkbox"/> Yes <input type="checkbox"/> 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