

Kansas State Board of Nursing  
Landon State Office Building  
900 SW Jackson Suite 1051  
Topeka, KS 66612-1230

Controlled Substance Verification Form  
(Please Print or Type – **all information must be completed prior to submission**)

**Initial Application**                       **Change**

APRN Name: \_\_\_\_\_ Kansas APRN License Number: \_\_\_\_\_

Kansas RN License Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

Check your APRN Role:              Clinical Nurse Specialist     Nurse Midwife     Nurse Practitioner

**Attention: APRN's may choose not to participate in prescribing controlled substances. Those individuals not wishing to participate do not need to complete and submit this form.**

Business Address (must include street address) \_\_\_\_\_

**A change in principal place of business or responsible physician needs to be reported within 10 days to Board office.**

Name of Responsible Physician On The Protocol	Physician's Kansas License Number	Physician Signature/Date

(Attach additional pages if needed)

The APRN is authorized to prescribe controlled substances as follows based on protocols with responsible physician (**"NONE"** or **"ALL"** must be checked for each schedule listed)

	NONE	ALL	All Except (Specify)
Schedule II			
Schedule IIN			
Schedule III			
Schedule IIIN			
Schedule IV			
Schedule V			

INFORMATION PERTAINING TO DEA REGISTRATION	YES	NO
1. Responsible physician has a current DEA number?		
2. APRN has a current DEA number?		
3. Has the DEA placed restrictions on the responsible physician and/or APRN prescribing controlled substances in any schedules?		

If the answer is "no" to question 1 or 2, please provide explanation:

First Time DEA Applicant

Other: \_\_\_\_\_

If the answer is "yes" to question 3, please provide explanation: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Official Use Only:     **Complete**               **Incomplete**               **DEA Verification**

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785-296-4929  
[www.ksbn.org](http://www.ksbn.org)**

## Information for APRN's Regarding DEA Numbers

Federal Law allows an advance practice registered nurse to obtain a DEA number. K.S.A. 65-1130 requires that written protocol be followed when prescribing, administering, or supplying a prescription.

***An advance practice registered nurse in the role of registered nurse anesthetist while functioning as a registered nurse anesthetist under K.S.A. 65-1151 to 65-1164, and amendments thereto, does not have authority to prescribe medication in Kansas.***

### NEW APPLICATION INSTRUCTIONS

- I. Complete the Application for Registration Under Controlled Substances Act of 1970 (Form -224) available from the DEA at [www.deadiversion.usdoj.gov/drugreg/reg\\_apps/index.html](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/index.html). You can complete the application on-line or print the application.
  
- II. Complete the Controlled Substance Verification Form (CSVF) – available in the forms section at [www.ksbn.org](http://www.ksbn.org). **You may not prescribe controlled substances in Kansas until you provide the CSVF to Kansas State Board of Nursing and obtain a DEA number.**
  1. Mark **'Initial Application'** box. Enter your name as it reads on your license
  2. Enter your Kansas RN License Number and expiration date
  3. Enter your Kansas APRN License Number
    - Do not enter your national specialty certification number
    - If your Kansas APRN license is pending; KSBN will verify the number when we receive the request from DEA
  4. Enter your business address (**street number and name, not a P.O. Box**)
  5. Enter responsible physician(s) on the protocol
  6. Enter physician's Kansas license number
  7. Check scheduled drugs that match what you put on the DEA form-224
  8. Check (yes) or (no) to the questions pertaining to DEA registration;
  9. Sign and date your application
  10. Request each physician to sign and date next to their name
  11. Do NOT send a copy of your collaborative agreement with this form
  12. Do NOT send a copy of your DEA number with this form
  13. Return the CSVF to Kansas State Board of Nursing at the address above. You can also fax the form to (785) 296-3929 to the attention of the Education Secretary. Call (785) 296-3782 for questions about the Controlled Substance Verification Form.

### Reporting Changes:

In addition to the changes that you must report to the DEA, you are also required to submit changes in your responsible physician to KSBN within 10 days (they do not need to be reported to the DEA unless there is change in business address).