



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. Complete Part I below and mail this form 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	

YOU MUST MAIL THIS REQUEST FORM TO:

Drug Enforcement Administration
Attn: Diversion Unit
400 Second Avenue West
Seattle, WA 98119-4013

FOLLOWING TO BE COMPLETED BY DEA STAFF ONLY

PART II

Instructions to the DEA staff: 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.

Comments: _____

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