

STATE OF NEBRASKA  
DEPARTMENT OF HEALTH

BUREAU OF EXAMINING BOARDS

STATE OFFICE BUILDING  
LINCOLN, NEBRASKA

RECEIVED

APPLICATION FOR REGISTRATION - NEBRASKA CONTROLLED SUBSTANCES CERTIFICATE

MAY 13 1983

Schedules II, IIN, III, IIIN, IV, V

BUREAU OF EXAMINING BOARD  
LINCOLN, NEBRASKA

"Every person who manufactures, prescribes, distributes, administers, or dispenses any controlled substance within this state or who proposes to engage in the manufacture, prescribing, administering, distribution, or dispensing of any controlled substance within this state, shall obtain annually, a registration issued by the Bureau of Examining Boards, Department of Health, in accordance with the rules and regulations ...."

*Cert issued 4-30-84*

PLEASE TYPE OR PRINT PLAINLY

Name <i>CARHART LeRoy H.</i>	Current Federal D.E.A. Number (Office Use Only)
<i>BUSINESS</i> Address ONLY <i>16401<sup>st</sup> SO 274<sup>n</sup> RR 73 Box 263</i>	Nebraska License Number --- <i>15162 OK</i>
<i>CITY Omaha</i> State <i>Ne</i> Zip <i>68123</i>	State License Number, (Nebraska) (Professional license, hospital license, Pharmacy permit number) Must be current!

(Name and address should correspond to information listed on the Federal D.E.A. registration certificate.)

*Letter 4-19-83  
Approved 5-18-83*

REGISTRATION CLASSIFICATION AND TYPE OF BUSINESS ACTIVITY:

Check one only. Separate registrations must be made for each business activity in which any registrant proposes to engage.

- C. PRACTITIONER  *MD* ..... Annual Fee: \$ 5.00  
Specify: (M.D., D.D.S., D.V.M., etc.) \_\_\_\_\_
- D. COMMUNITY PHARMACY  ..... Annual Fee: \$ 5.00  
Includes all retail and hospital pharmacies with pharmacy permits
- E. HOSPITALS  ..... Annual Fee: \$ 5.00
- G. TEACHING INSTITUTION\*  ..... Annual Fee: \$ 5.00

ALL APPROPRIATE FEES MUST ACCOMPANY THIS APPLICATION FORM

*request for DEA#  
sent 11/4-83  
2-24-84  
4-24-84*

\* Registration as a teaching institution authorizes purchase and possession of Narcotic substances for instructional purposes only. Practitioners, teaching institutions or individuals within teaching institutions desiring to conduct research with any Schedule I substance or any Schedule II through V Narcotic substance must obtain a "Researcher" registration.

ALL APPLICANTS MUST COMPLETE BOTH SIDES OF THIS APPLICATION FORM.

(OVER)

*Please return as soon as possible*

DRUG SCHEDULES (Check  all applicable)

- B. Schedule "II" ..... Narcotic  ..... Non-Narcotic
- C. Schedule "III" ..... Narcotic  ..... Non-Narcotic
- D. Schedule "IV" ..... , All
- E. Schedule "V" ..... , All

It should be noted that in the State of Nebraska, in accordance with Section 28-4,117, all Schedule V substances are RESTRICTED TO PRESCRIPTION USE ONLY! THIS MORE STRINGENT RESTRICTION SUPERCEDES FEDERAL LAW 91-513 IN THIS AREA.

\*\*\*\*\*

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

1. Are you currently authorized to manufacture, distribute, dispense, prescribe, conduct research, or otherwise handle the controlled substances in the schedules for which you are operating or propose to operate? (Do you hold a Nebraska license to practice your profession?)

YES  NO

2. Has the applicant or any officer or partner of the applicant been convicted of a FELONY under state or federal law relating to the manufacture, distribution, or dispensing of controlled substances?

YES  NO

*per conversation with WPA on 5/17/83 answer is NO - R Halada*

1 MAY 83 [Signature] MD  
Date Signature of Applicant or Authorized Individual Title

NOTE: Person signing above should be person designated as the "Official" applicant Others granted authority by powers of attorney to purchase substances under official federal order forms must not sign above, but be listed in the section of the form following:

LIST ALL PERSONS AUTHORIZED, UNDER A POWER OF ATTORNEY, WHO CURRENTLY CAN SIGN "OFFICIAL FEDERAL ORDER FORMS" FOR SCHEDULE "II" SUBSTANCES.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *[Signature]*

For Office Use Only  
Address Changes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

April 28, 1983

LeRoy Harrison Carhart, M.D.  
16401 South 27th  
Omaha, NE 68123

Dear Doctor Carhart:

The Federal DEA Regional office in Chicago has informed our office that you have applied for a Federal DEA number for Nebraska.

Before your Federal DEA number can be issued, you will need to complete the enclosed application for a Nebraska Controlled Substance registration. Please complete the application and return it to our office along with the required fee of \$5.00 as soon as possible.

Upon receipt of your application and fee, the DEA office in Chicago will be notified and your Federal DEA number will be processed. Please be sure to inform our office as to what your new Federal DEA number is when you receive it.

Should you have any questions, please feel free to contact our office.

Sincerely yours,

Leland C. Lucke, Director  
Bureau of Examining Boards

dh/jn

Enclosure

DEA 1982) - 224  
R 1 4 1983  
OMB No. 1117-0011  
NEW APR 1 9 1983

CARHART, LeRoy Harrison MD  
16401 50. 27th  
Omaha, Ne. 68123

RETAIN Copy 3. Mail Orig. and 1 copy with FEE to:  
UNITED STATES DEPARTMENT OF JUSTICE  
DRUG ENFORCEMENT ADMINISTRATION  
P.O. Box 28083  
CENTRAL STATION  
WASHINGTON, D.C. 20005  
For INFORMATION, Call: 202 254 - 8255  
See "Privacy Act" Information on reverse

APPLICATION FOR REGISTRATION  
UNDER  
CONTROLLED SUBSTANCES ACT OF 1970  
Please PRINT or TYPE all entries.  
Registration may be issued unless a completed  
application form has been received (1301.21, CFR 21).

THIS BLOCK  
FOR DEA  
USE ONLY  
Amount of \$5.00.

REGISTRATION CLASSIFICATION: Submit Check or  
BUSINESS ACTIVITY: (Check ONE only)

(Specify MD, DDS, DVM, etc.)

FEE MUST  
ACCOMPANY  
APPLICATION

A  RETAIL PHARMACY B  HOSPITAL/CLINIC

C  PRACTITIONER MD

D  TEACHING INSTITUTION  
(Instructional purposes only)

SCHEDULES: (Check all applicable schedules in which you intend to handle controlled substances. See Schedules on Reverse of Instruction Sheet.)

SCHEDULE II  
1  NARCOTIC

SCHEDULE II  
2  NONNARCOTIC

SCHEDULE III  
3  NARCOTIC

SCHEDULE III  
4  NONNARCOTIC

SCHEDULE IV  
5

SCHEDULE V  
6

(E) CHECK THIS BLOCK IF INDIVIDUAL NAMED HEREON IS A FEDERAL,  
STATE, OR LOCAL OFFICIAL. IF CHECKED, also complete Item 6.

(Y) CHECK HERE IF YOU REQUIRE ORDER FORMS.

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

(a) Are you currently authorized to prescribe, distribute, dispense, conduct research, or  
otherwise handle the controlled substances in the schedules for which you are applying,  
under the laws of the State or jurisdiction in which you are operating or propose to operate?

YES - State License Number(s) IOWA 23312 / NE 15162

NOT APPLICABLE  PENDING

(b) Has the applicant been convicted of a felony in connection with controlled substances  
under State or Federal law?  YES  NO

(c) Has the applicant ever surrendered a previous CSA registration or had a CSA registration  
revoked, suspended, or denied, other than for change of location or entrance into  
military service?  YES  NO

(d) If the applicant is a corporation, association, partnership, or pharmacy, has any officer,  
partner, stockholder or proprietor been convicted of a felony in connection with  
controlled substances under State or Federal law?  YES  NOT APPLICABLE

(e) If the applicant is a corporation, association, partnership, or pharmacy, has any officer,  
partner, stockholder or proprietor surrendered a previous CSA registration or had a CSA  
registration revoked, suspended or denied?  YES  NOT APPLICABLE

6. CERTIFICATION FOR FEE EXEMPTION (Complete only if Item 3 is checked)

The Undersigned hereby certifies that the applicant herein is an officer or employee of a Federal,  
State or local agency who, in the course of such employment, is authorized to obtain, dispense,  
or prescribe controlled substances or is authorized to conduct research, instructional activity or  
chemical analysis with controlled substances, and is exempt from the payment of this registration  
fee.

Signature of Certifying Official

Date

Print or Type Name

Print or Type Title

Name of Institution or Agency

APPROVED  
STATE OF NEBRASKA  
Signature dlh  
Date 5-18-83

THE ANSWER TO QUESTIONS 5(b), (c), (d) or (e) is YES, include a statement using the  
space provided on the REVERSE of this part.

CARHART, LeRoy IOWA 328-6111 (712)  
NE: 291-4660 (402)  
Print or Type Name Here - Sign Below. Applicants Business Phone No. (Optional)

Signature of Applicant or authorized individual

19 MAR 83  
Date

WARNING: SECTION 43(a)(4) OF TITLE 21, UNITED STATES CODE, STATES THAT  
ANY PERSON WHO KNOWINGLY OR INTENTIONALLY FURNISHES FALSE  
OR FRAUDULENT INFORMATION IN THIS APPLICATION IS SUBJECT TO  
IMPRISONMENT FOR NOT MORE THAN FOUR YEARS, A FINE OF NOT  
MORE THAN \$30,000.00 OR BOTH.



# STATE OF NEBRASKA

ROBERT KERREY • GOVERNOR • GREGG F. WRIGHT, M.D., M.Ed. • DIRECTOR

April 24, 1984

LeRoy H. Carhart, M.D.  
R.R. 73, Box 263  
Omaha, NE 68123

THIRD REQUEST

YOUR SHOULD HAVE RECEIVED NEW FEDERAL DEA NUMBER  
AROUND JUNE 1, 1983.

Dear Doctor Carhart:

Our office has been holding your Nebraska Controlled Substance Registration application pending receipt of your Federal D.E.A. number. Please detach the bottom of this letter, fill in your Federal D.E.A. number, your name and business address and return it to our office as soon as possible and we shall finish processing your application and issue your Nebraska Registration Certificate.

Sincerely yours,

Leland C. Lucke, Director  
Bureau of Examining Boards

dlh

FEDERAL D.E.A. NUMBER \_\_\_\_\_ *OK exp 8/31/84*

NAME CARHART, LeRoy Harrison

BUSINESS ADDRESS 16401 S. 27th  
OMAHA, NE 68123

RECEIVED *Beh* 2, 2N, 3, 3N, 4, 5. Issued 5/25/83

APR 30 1984

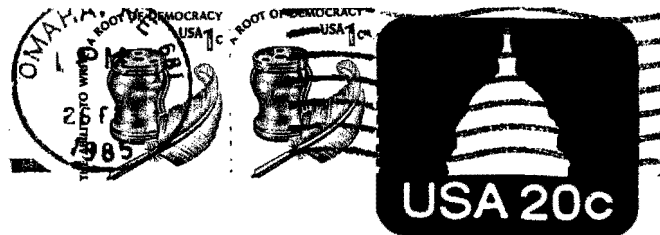
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BUREAU OF EXAMINING BOARDS  
LINCOLN, NEBRASKA

DEPARTMENT OF HEALTH, BUREAU OF EXAMINING BOARDS  
301 CENTENNIAL MALL SOUTH, BOX 95007, LINCOLN, NEBRASKA 68509-5007, PHONE (402) 471-2115  
AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



BELLEVUE EMERGENCY CENTER  
105 EAST MISSION  
BELLEVUE, NEBRASKA  
68005



BUREAU OF EXAM BOARDS BOARD OF EXAM BOARDS  
attn: MR. LEE LUCKE  
P.O. BOX 95007  
LINCOLN, NEBRASKA 68509

Leroy cannot <sup>issue</sup> dup state  
CST

let Jerry know when  
permit is issued

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4539