

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 SO 27th 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 SCHEDULE II SCHEDULE III SCHEDULE III SCHEDULE IV SCHEDULE V
1 NARCOTIC 2 NONNARCOTIC 3 NARCOTIC 4 NONNARCOTIC 5 6

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

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

(Y) CHECK HERE IF YOU REQUIRE ORDER FORMS.

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.

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

Signature of Certifying Official _____ Date _____

APPROVED
DEPARTMENT OF NEBRASKA
Print or Type Name _____

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.

Print or Type Title _____

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

Name of Institution or Agency _____

Signature of Applicant or authorized individual _____
Date 19 MAR 83

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

20
62
13
9 5

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

105 East Mission
Bellevue, Nebraska
February 14, 1985

Drug Enforcement Administration
P.O. Box 28083
Central Station Washington D.C. 20005

Dear Drug Enforcement Administration:

I am writing in regards to the use of DEA Form -222. My DEA number and new address for Nebraska are:


1. DEA with an expiration date of 8/31/85.

CARHART, LEROY HARRISON MD
105 EAST MISSION
BELLEVUE, NEBRASKA 68005

*changed
3-7-85*

I need new forms sent to use with schedules 2, 2N, 3, 3N, 4, 5.
Your assistance in forwarding these forms would be greatly
appreciated. Attached is a copy of my Registration certificate.

Sincerely,


Leroy H. Carhart
(402) 292-4164

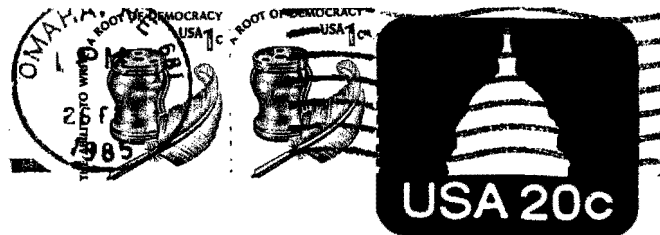
*dup issued
3-7-85*

RECEIVED

FEB 27 1985

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA

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 ^{issue} dup state
CST

let Jerry know when
permit is issued

4539