APPLICATION FOR REGISTRATION - NEBRASKA CONTROLLED SUBSTANCES CERTIFICATE

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

"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

<table>
<thead>
<tr>
<th>Name</th>
<th>Current Federal D.E.A. Number</th>
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<tbody>
<tr>
<td>CARRER LE ROY</td>
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<td></td>
<td>(Office Use Only)</td>
</tr>
<tr>
<td>BUSINESS</td>
<td>Nebraska License Number</td>
</tr>
<tr>
<td>Address ONLY</td>
<td>15162 OK</td>
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<tr>
<td></td>
<td>State License, (Nebraska)</td>
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<tr>
<td>CITY</td>
<td>State Ne Zip 68102</td>
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</table>

PLEASE TYPE OR PRINT PLAINLY

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
   Specify: (M.D., D.D.S., D.V.M., etc.) MD
   Annual Fee: $ 5.00

D. COMMUNITY PHARMACY
   Includes all retail and hospital pharmacies with pharmacy permits
   Annual Fee: $ 5.00

E. HOSPITALS
   Annual Fee: $ 5.00

G. TEACHING INSTITUTION*
   Annual Fee: $ 5.00

ALL APPROPRIATE FEES MUST ACCOMPANY THIS APPLICATION FORM

* 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.

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 [Signature] on 5/17/83
   answer is NO by [Signature] of Applicant or Authorized Individual

   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.

For Office Use Only
Address Changes

[Signature]
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
Are you currently authorized to prescribe, distribute, or otherwise handle controlled substances under the laws of the State or jurisdiction in which you are operating or propose to operate?

YES - State License Number(s)

1. Narcotic
2. Nonnarcotic

Schedule III
3. Narcotic
4. Nonnarcotic

Schedule IV
5. Narcotic
6. Nonnarcotic

Schedule V

☐ 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)

☐ 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

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

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, 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

[Signature]

Print or Type Title

[Signature]

Name of Institution or Agency

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

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

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FEDERAL D.E.A. NUMBER_ Keep 8/31/84
NAME_ CARHART, LeRoy Harrison
BUSINESS ADDRESS_ 16401 S. 27th
OMAHA, NE 68123

RECEIVED_ Feb 2, 2N 3, 3N 4, 5_ Issued 5/25/83
APR 30 1984

BUREAU OF EXAMINING BOARDS
LINCOLN, NEBRASKA
Drug Enforcement Administration  
P.O. Box 28063  
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  

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

I need new forms sent to use with schedules2,2N,3,3N,4,5.  
Your assistance in forwarding these forms would be greatly appreciated. Attached is a copy of my Registration certificate.

Sincerely,

[Signature]

Leroy H. Carhart  
(402) 292-4164

RECEIVED  
FEB 27 1985

BUREAU OF EXAMINING BOARDS  
LINCOLN, NEBRASKA
Let Jerry know when permit is issued.