

# IOWA CONTROLLED SUBSTANCES REGISTRATION APPLICATION

Please type or print clearly. Change as necessary.

1 APPLICATION FOR:  New \_\_\_\_\_ Effective Date

Renewal

Change MAY 04 2009 Specify

STATE REGISTRATION NO. 1305542  
RENEWAL EXPIRATION DATE: April 30, 2011

REGISTRATION FEE: \$100.00  
Penalty fee of \$100.00 imposed if renewed after April 30, 2009

Pa

2 REGISTRANT/APPLICANT NAME AND MAILING ADDRESS if other than practice address  
(alternate address not available for pharmacy or hospital registration)

ROSS THOMAS W DO  
5101 SE 32ND ST  
DES MOINES IA 50320-

3 IOWA PRACTICE OR BUSINESS ADDRESS  
(location of office or other practice setting in Iowa -- not PO Box)

ROSS THOMAS W DO  
FAMILY PRACTICE CENTER  
200 ARMY POST RD SUITE 2  
DES MOINES IA 50315-

COUNTY 77

4 BUSINESS PHONE (515) 953-7560

5 BUSINESS ACTIVITY Practitioner

6 FEDERAL DEA # BR545012

7 IOWA PROFESSIONAL LICENSE # 3119

8 SCHEDULES -- Check schedules in which you intend to handle (including prescribe) ANY controlled substances.

Schedule I  Schedule II  Narcotic Schedule II  Nonnarcotic Schedule III  Narcotic Schedule III  Nonnarcotic Schedule IV  Schedule V

NO CHANGE (Check here ONLY if renewing an existing registration with no change of registered drug schedules.)

9 RESPONSIBLE INDIVIDUAL (Whose signature is authorized on Federal Controlled Substances Order Form 222)

a) NAME Thomas W Ross

TITLE Osteopathic Physician

b) IF APPLICANT IS: PRACTITIONER, indicate Medical Degree \_\_\_\_\_ or RESEARCHER, indicate Degree \_\_\_\_\_

10 ALL APPLICANTS MUST ANSWER THE FOLLOWING (answer 10a or 10b as appropriate):

a) IF APPLICANT IS AN INDIVIDUAL, has the applicant ever been convicted of a felony in connection with controlled substances under any State or Federal law or ever surrendered (in lieu of disciplinary action) or had a CSA registration revoked, suspended, or denied? No

b) IF APPLICANT IS A CORPORATION, PARTNERSHIP, ASSOCIATION, OR PHARMACY has any officer, partner, stockholder, or proprietor been convicted of a felony in connection with controlled substances under any State or Federal law, or ever surrendered or had a CSA registration revoked, suspended, or denied? \_\_\_\_\_

c) IF YOU ANSWERED 'YES' TO EITHER OF THESE QUESTIONS (10a or 10b), include a statement using the space provided on the REVERSE of this page.

d) IF CONTROLLED SUBSTANCES WERE LOST OR STOLEN during the past year, indicate the number of occurrences next to the applicable reason. If none, check here.

THEFT \_\_\_\_\_ ARMED ROBBERY \_\_\_\_\_ MYSTERIOUS DISAPPEARANCE \_\_\_\_\_ LOST IN TRANSIT \_\_\_\_\_

ANY INDIVIDUAL WHO ADMINISTERS OR DISPENSES CONTROLLED SUBSTANCES AT ANY LOCATION WITHIN IOWA OTHER THAN THE PRACTICE LOCATION ABOVE (EXCEPT LICENSED HOSPITALS) MUST OBTAIN A SEPARATE REGISTRATION FOR EACH SUCH LOCATION.

REMIT TO: IOWA BOARD OF PHARMACY  
CONTROLLED DRUG DIVISION  
400 S.W. EIGHTH STREET, SUITE E  
DES MOINES, IA 50309-4688  
PHONE: (515) 281-5944

Information provided on this application may be disclosed pursuant to 657 IAC Chapter 14.

I hereby swear under penalty of perjury that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against my registration.

SIGN HERE



Signature of Applicant or Authorized Individual (Pharmacist in Charge if pharmacy application)

4/30/09  
Date

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED AND WILL BE RETURNED TO THE APPLICANT

IOWA BOARD OF PHARMACY  
RECEIVED  
MAY 04 2009

**10c) EXPLANATION FOR ANSWERING 'YES' TO QUESTION 10a) OR QUESTION 10b):**

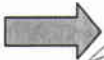
Applicants who answered 'YES' to either question 10a) or 10b) are required to submit a statement explaining such response. Please be specific, providing dates and details regarding the reason for your positive response. The space below is available for this purpose. The applicant must sign the statement on the line provided below.

*Thomas Ross, P.O.*

Clearly print or type name here -- sign below.

**I hereby swear under penalty of perjury** that the information provided in this application is true and correct. I understand that failure to provide complete and truthful information may constitute grounds for revocation or other disciplinary sanctions against my registration.

**SIGN  
HERE**



*Signature of Applicant*

*Date*

*4/30/09*