

The Nebraska Department of Correctional Services
P.O. Box 94661
Lincoln, NE 68509

November 9, 2017

Jose Sandoval #59147
Tecumseh State Correctional Institution
P.O. Box 900
Tecumseh, NE 68450

Re: Notice of substances to be employed in an execution by lethal injection

Mr. Sandoval,

In accordance with Nebraska law, you are hereby notified that the director of the Nebraska Department of Correctional Services has determined that the following substances, quantity, and sequence will be administered for execution by lethal injection to carry out and enforce the final court judgments that have sentenced you to death:

1. **Diazepam:** An initial dose of 2 (two) milligrams of diazepam per kilogram of body weight, to be followed by additional identical doses of diazepam if unconsciousness is not achieved after each successive dose. A 50cc saline flush will be administered following each injection of diazepam.
2. **Fentanyl Citrate:** 25 (twenty-five) micrograms of fentanyl citrate per kilogram of body weight. A 50cc saline flush will be administered following the injection of fentanyl citrate.
3. **Cisatracurium Besylate:** 1.6 (one and six-tenths) milligrams of cisatracurium besylate per kilogram of body weight. A 50cc saline flush will be administered following the injection of cisatracurium besylate.
4. **Potassium Chloride:** 240 (two hundred forty) milliequivalents of potassium chloride. A 50cc saline flush will be administered following the injection of potassium chloride.

The Nebraska Supreme Court has not issued an execution warrant. Thus, no date has been set for carrying out your death sentences by lethal injection.

BY:



Scott R. Frakes, Director

Copy: Douglas J. Peterson, Attorney General

The Nebraska Department of Correctional Services
P.O. Box 94661
Lincoln, NE 68509

January 19, 2018

Carey D. Moore #32947
Tecumseh State Correctional Institution
P.O. Box 900
Tecumseh, NE 68450

Re: Notice of substances to be employed in an execution by lethal injection

Mr. Moore,

In accordance with Nebraska law, you are hereby notified that the director of the Nebraska Department of Correctional Services has determined that the following substances, quantity, and sequence will be administered for execution by lethal injection to carry out and enforce the final court judgments that have sentenced you to death:

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2. **Fentanyl Citrate:** 25 (twenty-five) micrograms of fentanyl citrate per kilogram of body weight. A 50cc saline flush will be administered following the injection of fentanyl citrate.
3. **Cisatracurium Besylate:** 1.6 (one and six-tenths) milligrams of cisatracurium besylate per kilogram of body weight. A 50cc saline flush will be administered following the injection of cisatracurium besylate.
4. **Potassium Chloride:** 240 (two hundred forty) milliequivalents of potassium chloride. A 50cc saline flush will be administered following the injection of potassium chloride.

The Nebraska Supreme Court has not issued an execution warrant. Thus, no date has been set for carrying out your death sentences by lethal injection.

BY:



Scott K. Prakes, Director

Copy: Douglas J. Peterson, Attorney General

Nebraska State Penitentiary

General Information

WARDEN: Robert Madsen

PUBLIC INFORMATION OFFICER: Kim McGill: kimberly.mcgill@nebraska.gov

PHONE: 402.471.3161

ADDRESS: 4201 S 14th St. Lincoln, NE 68502

MAILING ADDRESS: P.O. Box #22500. Lincoln, NE 68542-2500

About the Facility

The Nebraska State Penitentiary (NSP) located in Lincoln, Nebraska is the oldest state correctional facility in Nebraska, opening in 1869. Until after World War I, it was the only adult correctional facility in the state.

During 1980-1981, the existing cellblocks constructed during the second half of the 19th century were replaced by four (later five) modular housing units. A new administrative complex and an EPA approved multi-fuel power plant were also completed at the same time. An existing dormitory building constructed in the 1950's was retained as a medium security facility and two new 100 bed dormitory units were opened in 1998. A thirty-six bed control unit also built in the 1950's continues in use as a high security segregation facility. The Industries Plant, Laundry, Religious Center and other support buildings were retained from the older facility as well.

NSP has been accredited by the American Correctional Association since 1985.

General Information

The inmate population at NSP consists primarily of inmates ranging in age from 21 and older who are serving sentences of varying length. NSP uses the unit management concept designed to improve control and staff/inmate relationships by dividing the larger institution population into smaller, more manageable groups and to improve and personalize the delivery of rehabilitative services. In addition to maximum and medium security inmates, NSP maintains three housing units with minimum security inmates, including a residential substance abuse unit.

FAMILY COUNSEL INFORMATION


Directions to the Facility

From Interstate 80: Take exit 397 to merge onto US-77 S/Homestead Expy toward NE-2/Beatrice/Nebraska City

Turn left onto Pioneers Blvd; Turn right onto 9th St. to Hwy 2; Turn right onto 14th St.

Department of Health and Human Services
Division of Public Health
Licensure Unit
301 Centennial Mall So, P O Box 94986
Lincoln, NE 68509-4986

3/1/18 *dy*

DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF PUBLIC HEALTH CERTIFIES THAT	
Nebraska State Penitentiary Hospital & Clinic MEETS STATUTORY REQUIREMENTS AS SKILLED NURSING FACILITY (LIC)	
Services PHYSICAL THERAPY RESPIRATORY THERAPY BEHAVIORAL NEEDS	Lic # XXXXXXXXXX
EXPIRES 3/31/2019	 Thomas L. Williams, MD, Chief Medical Officer Director, Division of Public Health Department of Health and Human Services

Cut on heavy line and place on license.

FACILITY NAME: Nebraska State Penitentiary Hospital & Clinic
ADDRESS: 4201 SOUTH 14TH STREET, LINCOLN, NE 68502

This is to verify that your SKILLED NURSING FACILITY (LIC) is licensed through the date indicated on the above renewal card. Place the renewal card in the lower left hand corner of your original license.

Please notify this office at the address listed above of any change in name, address, or ownership.



NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
Licensure Unit

Make Payment to DHHS LU

Renewal Fees
1 - 50 beds: \$1550
51 - 100 beds: \$1750
101 or more: \$1950

Expiration Date

3/31/2018

Nursing Home Licensure Renewal Application

Nursing Home Type. Please Check

☒ Skilled Nursing Facility

☐ Nursing Facility

☐ Intermediate Care Facility

IDENTIFYING INFORMATION

1. NAME AND ADDRESS OF FACILITY:

Nebraska State Penitentiary Hospital & Clinic
4201 SOUTH 14TH STREET
LINCOLN, NE 68502

2. PREFERRED MAILING ADDRESS (IF DIFFERENT FROM FACILITY ADDRESS) FOR THE RECEIPT OF OFFICIAL NOTICES FROM THE DEPARTMENT:

c/o: DEPT OF CORRECTIONAL SERVICES, JOHN WILSON
NEBRASKA STATE PENITENTIARY HOSPITAL & CLINIC
PO BOX 94661
LINCOLN NE 68509

JAN 26 2018

LICENSURE UNIT

LICENSE NO: NH0011

TELEPHONE NUMBER: (402) 479-3440

FAX NUMBER: (402) 479-3279

ADMINISTRATOR: JOHN WILSON

DIRECTOR OF NURSING: TEENA LINGER, R.N.

E-Mail Address, if available: teena.linger@nebraska.gov and john.wilson@n

3. FEDERAL EMPLOYER IDENTIFICATION NUMBER OF THE FACILITY:

4. NUMBER OF BEDS TO BE RELICENSED: 12

5. ACCREDITATION/CERTIFICATION:

☐ JCAHO ☐ Medicare ☐ Medicaid ☐ Other

Are you requesting deemed status? ☐ yes ☒ no

6. SPECIAL CARE AND TREATMENT SPECIFICALLY FOR THE FOLLOWING GROUPS:
If different from Current Services listed, please check changes.

☐ Physical Therapy

☐ Alzheimers/Special Care Unit

☐ Speech Therapy

☐ Pediatric

☐ Respiratory

☐ Occupational Therapy

☐ Behavioral Needs

Current Services

PHYSICAL THERAPY
RESPIRATORY THERAPY
BEHAVIORAL NEEDS

OWNERSHIP INFORMATION

7. OWNERSHIP OF FACILITY: NEBRASKA DEPARTMENT OF CORRECTIONAL SERVICES

(Legal Name of individual or business organization)

MAILING ADDRESS: P O BOX 94661

LINCOLN, NE 68509

8. BUSINESS ORGANIZATION: (Check one):

☐ Sole Proprietorship

☐ Partnership

☐ Limited Partnership

☐ Corporation

☐ Limited Liability Company

☒ Governmental (☒ State, ☐ District, ☐ County, ☐ City or Municipal)

☐ Other (Please Specify)

(check one)

☐ Profit ☐ Non Profit

CERTIFICATION

I/we have read the Rules and Regulations issued by the Nebraska Department of Health and Human Services and will comply with them should a license be issued. I/we certify that to the best of my/our knowledge, all information and statements on the application are true and correct and I/we hereby apply for a renewal license.

PLEASE NOTE: Neb.Rev.Stat. Section 71-433 requires: Applications shall be signed by

(1) the owner, if the applicant is an individual or partnership,

(2) two of its members, if the applicant is a limited liability company,

(3) two of its officers, if the applicant is a corporation, or

(4) the head of the governmental unit having jurisdiction over the facility to be licensed, if the applicant is a governmental unit.

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

AUTHORIZED REPRESENTATIVE - TYPE OR PRINT

SIGNATURE

SIGNATURE

DATE

DATE

NEBRASKA STATE FIRE MARSHAL OCCUPANCY PERMIT

Certificate Number: 403769

Name of Facility: Nebraska State Penitentiary LTC

Type of Facility: Nursing Home

Location: 4201 S 14th St Lincoln

Maximum
Occupancy: 12 Beds

Date Issued: 1/20/2017

Approved By:

Jim Heine

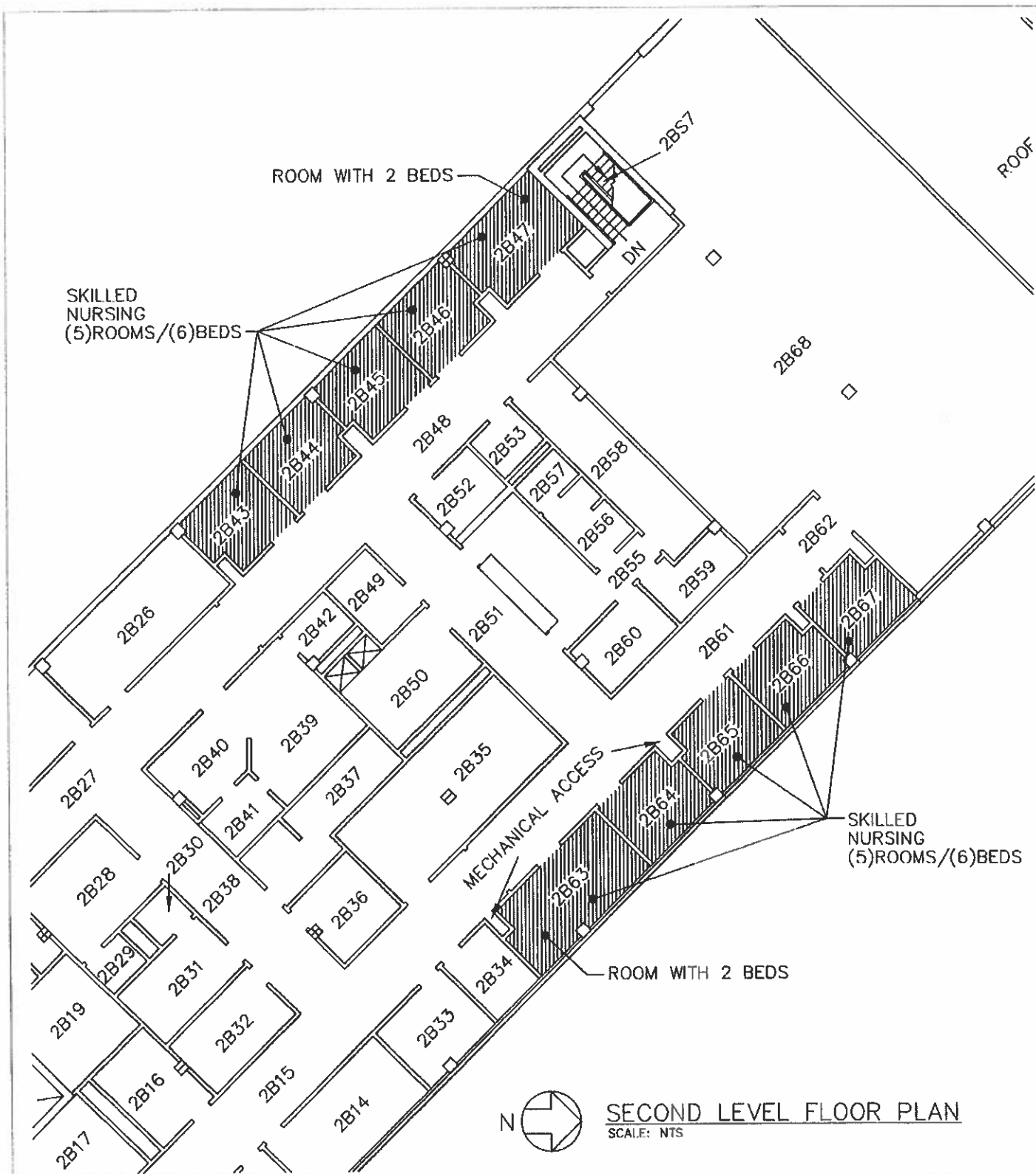
State Fire Marshal

Inspected By: 8727 Clint Rossman
Deputy State Fire Marshal



POST IN PROMINENT PLACE

Change in occupancy classification or failure to meet State Fire Marshal codes
shall invalidate this occupancy permit.



ENGINEERING DIVISION
 Drafts: V. D. Dineen, Building
 Electric: R. D. Dineen, Building
 Plumbing: R. D. Dineen, Building
 P.O. Box 1001
 Lincoln, Nebraska 68501
 Tel: (402) 441-1111
 Fax: (402) 441-1111
 E-Mail: engdiv@dnr.state.ne.us

**Nebraska
 Department of
 Correctional
 Services**



SKILLED NURSING ROOMS BEDS
 NEBRASKA STATE PENITENTIARY

Scale: 1/8" = 1'-0"
 NOSCALLE
 1519

Architect: Jerald Beach
 Interior: Jerald Beach
 Exterior: Jerald Beach
 Construction: Jerald Beach

DRAWING NO:
SNF-NSP

1:4 NEBRASKA STATE PENITENTIARY
 524/666 PO BOX 94661
 ATTENTION: HEALTH SERVICES
 LINCOLN, NE 68509-4661



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2019	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
2,2N, 3,3N,4,5,	HOSPITAL/CLINIC	10-28-2016
NEBRASKA STATE PENITENTIARY 4201 SOUTH 14TH STREET LINCOLN, NE 68542-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
 UNITED STATES DEPARTMENT OF JUSTICE
 DRUG ENFORCEMENT ADMINISTRATION
 WASHINGTON D.C. 20537

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>	THIS REGISTRATION EXPIRES 10-31-2019	FEE PAID FEE EXEMPT	<p align="center">CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537</p> <p>Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>
SCHEDULES 2,2N, 3,3N,4,5.	BUSINESS ACTIVITY HOSPITAL/CLINIC	ISSUE DATE 10-28-2016	
NEBRASKA STATE PENITENTIARY 4201 SOUTH 14TH STREET LINCOLN, NE 68542-0000			

<div style="float: left; width: 30px; text-align: center; transform: rotate(-90deg);">Form DEA-223(511) (4/07)</div> <div style="text-align: center; padding: 20px;"> <p>REPORT CHANGES PROMPTLY</p> </div>	<p align="center">REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE</p> <p>To request a change to your registered name, address, the drug schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> 1. visit our web site at deaversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9839 - or 3. submit your change(s) in writing to: <p align="center">Drug Enforcement Administration P.O. Box 2839 Springfield, VA 22162-2839</p> <p>See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.</p>
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----- You have been registered to handle the following chemical/drug codes: -----



633/656 1:4
NEBRASKA STATE PENITENTIARY
801 W. PROSPECTOR PLACE, #1
LINCOLN, NE 68522-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2018	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017
NEBRASKA STATE PENITENTIARY SCOTT FRAKES 4201 SOUTH 14TH STREET LINCOLN, NE 68502-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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Form DEA-223 (9/2016)

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2018	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017
NEBRASKA STATE PENITENTIARY SCOTT FRAKES 4201 SOUTH 14TH STREET LINCOLN, NE 68502-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

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DEA REGISTRATION NUMBER <div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div>	THIS REGISTRATION EXPIRES 10-31-2018	FEE PAID FEE EXEMPT	<p align="center">CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537</p> <p>Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.</p> <p>THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.</p>
SCHEDULES 3N.4	BUSINESS ACTIVITY IMPORTER	ISSUE DATE 09-19-2017	
NEBRASKA STATE PENITENTIARY SCOTT FRANKS 4201 SOUTH 14TH STREET LINCOLN, NE 68502-0000			

<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Form DEA-223/511 (9/2016)</div> <div style="text-align: center; flex-grow: 1;"> <p style="font-size: 1.2em; margin: 0;">REPORT CHANGES PROMPTLY</p> </div> </div>	<p align="center">REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE</p> <p>To request a change to your registered name, address, the drug schedule or the drug codes you handle, please</p> <ol style="list-style-type: none"> 1. visit our web site at deaddiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9839 - or 3. submit your change(s) in writing to: <div style="text-align: center;"> Drug Enforcement Administration P.O. Box 2839 Springfield, VA 22162-2839 </div> <p>See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.</p>
--	---

----- You have been registered to handle the following chemical/drug codes: -----

2100, 2138



Certification of Nebraska Licensure

Verification Date	Fri Nov 17 08:54:03 2017
License Number	2572
Profession	Pharmacy
License Type	Community Pharmacy License

General License Information

Name on License	Nebraska Department of Correctional Services Pharmacy
Owner/Manager	State of Nebraska
Address on License	2620 W Van Dem Street Lincoln, NE 68522
Telephone	(402) 471-7805
Profession Name	Pharmacy
License Type	Community Pharmacy License
License Number	██████
Date of Issuance	08/28/2003
Date of Expiration	07/01/2018
License Status	Active
Effective Date of Status	08/28/2003
Reason for License Status	License Issuance

Operations Information

Disciplinary/Non-Disciplinary Information

Additional information may be obtained from the Licensure Unit (402) 471-2115 if actions are listed.

Start	End	Disciplinary/Non-disciplinary Action
None on record at this time		

U.S. DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

NOTICE OF INSPECTION
OF CONTROLLED PREMISES

DEA USE ONLY

FILE NUMBER

NAME OF INDIVIDUAL <u>Robert S. Madson</u>		TITLE <u>Warden</u>
NAME OF CONTROLLED PREMISES <u>Nebraska State Penitentiary</u>		DEA REGISTRATION NO. <u>[REDACTED]</u>
NUMBER AND STREET <u>4201 S. 14th Street</u>		DATE <u>8/8/17</u>
CITY AND STATE <u>Lincoln, NE</u>	ZIP CODE <u>68502</u>	TIME (initial inspection) <u>9:12am</u>

STATEMENT OF RIGHTS

1. You have a constitutional right not to have an administrative inspection made without an administrative inspection warrant.
2. You have the right to refuse to consent to this inspection.
3. Anything of an incriminating nature which may be found may be seized and used against you in a criminal prosecution.
4. You shall be presented with a copy of this Notice of Inspection.
5. You may withdraw your consent at any time during the course of the inspection.

ACKNOWLEDGMENT AND CONSENT

I, Robert S. Madson, have been advised of the above Statement of Rights
by DEA Investigators (Name) Holsapple, Jody Pumphrey, who
(Title and Name)

has identified himself/herself to me with his/her credentials and presented me with this Notice of Inspection containing a copy of sections 302(f) and 510(a), (b) and (c) of the Controlled Substances Act (21 U.S.C. 822(f) and 21 U.S.C. 880(a), (b) and (c)), printed hereon, * authorizing an inspection of the above-described controlled premises. I hereby acknowledge receipt of this Notice of Inspection. In

addition, I hereby certify that I am the

Warden
(President) (Manager) (Owner)

for the premises described in this Notice of Inspection; that I have read the foregoing and understand its contents; that I have authority to act in this matter and have signed this Notice of Inspection pursuant to my authority.

I understand what my rights are concerning inspection. No threats or promises have been made to me and no pressure of any kind has been used against me. I voluntarily give consent for inspection of these controlled premises.

Robert S. Madson
(Signature)

8/8/2017
(Date)

WITNESSES:

[Signature]
(signed)

[Signature]
(signed)

8/8/17
(date)

08/08/17
(date)

* See Reverse

* These sections are quoted below.

SEC. 302.(f) The Attorney General is authorized to inspect the establishment of a registrant or applicant in accordance with the rules and regulations promulgated by him.

SEC. 510.(a) As used in this section, the term "controlled premises" means -

(1) places where original or other records or documents required under this title are kept or required to be kept, and

(2) places, including factories, warehouses, or other establishments, and conveyances, where persons registered under section 303 (or exempted from registration under section 302(d)) may lawfully hold, manufacture, or distribute, dispense, administer, or otherwise dispose of controlled substances.

(b)(1) For the purpose of inspecting, copying, and verifying the correctness of records, reports, or other documents required to be kept or made under this title and otherwise facilitating the carrying out of his functions under this title,

the Attorney General is authorized, in accordance with this section, to enter controlled premises and to conduct administrative inspections thereof, and of the things specified in this section, relevant to those functions.

(2) Such entries and inspections shall be carried out through officers or employees (hereinafter referred to as "inspectors") designated by the Attorney General. Any such inspector, upon stating his purpose and presenting to the owner, operator, or agent in charge of such premises (A) appropriate credentials and (B) a written notice of his inspection authority (which notice in the case of an inspection requiring, or in fact supported by, an administrative inspection warrant shall consist of such warrant), shall have the right to enter such premises and conduct such inspection at reasonable times.

(3) Except as may otherwise be indicated in an applicable inspection warrant, the inspector shall have the right -

(A) to inspect and copy records, reports, and other documents required to be kept or made under this title;

(B) to inspect, within reasonable limits and in a reasonable manner, controlled premises and all pertinent equipment, finished and unfinished drugs and other substances or materials, containers, and labeling found therein, and, except as provided in paragraph (5) of this subsection, all other things therein (including records, files, papers, processes, controls, and facilities) appropriate for verification of the records, reports, and documents referred to in clause (A) or otherwise bearing on the provisions of this title; and

(C) to inventory any stock of any controlled substance therein and obtain samples of any such substance. (4) Except when the owner, operator, or agent in charge of the controlled

(4) Except when the owner, operator, or agent in charge of the controlled premises so consents in writing, no inspection authorized by this section shall extend to -

(A) financial data;

(B) sales data other than shipment data; or

(C) pricing data.

(c) A warrant under this section shall not be required for the inspection of books and records pursuant to an administrative subpoena issued in accordance with section 506, nor for entries and administrative inspections (including seizures of property) -

(1) with the consent of the owner, operator, or agent in charge of the controlled premises;

(2) in situations presenting imminent danger to health or safety;

(3) in situations involving inspection of conveyances where there is reasonable cause to believe that the mobility of the conveyance makes it impracticable to obtain a warrant;

(4) in any other exceptional or emergency circumstances where time or opportunity to apply for a warrant is lacking; or

(5) in any other situations where a warrant is not constitutionally required.



DRUG ENFORCEMENT ADMINISTRATION
Closing Inventory



Date: 8/8/2017

BOB MOB / COB

Registrant Information:

Name: Nebraska State Penitentiary

Address: 4201 S. 14th St., Lincoln, Nebraska 68502

DEA #: [REDACTED]

Controlled Substance:	Physical Count:	Total Mg:
No Controlled Substances	Ø	Ø
On-Hand		

Registrant witness:

Robert S. Madsen
Printed Name

[Signature]
Signature

8/8/2017
Date

Investigator:

IVAN JATO
Printed Name

[Signature]
Signature

8/8/17
Date

Investigator:

Dwayne Alsapple
Printed Name

[Signature]
Signature

08/08/17
Date

Completed Internet Form - NOT FOR SUBMISSION
DEA/Control Number - [REDACTED]
Submission Date: 09-01-2017

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 225A - Completed
Internet Receipt. NOT FOR
SUBMISSION

NAME: APPLICANT OR BUSINESS (LAST)

NEBRASKA STATE PENITENTIARY

(First, MI)

TAX IDENTIFYING NUMBER AND/OR

470491233

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS: (WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)

4201 SOUTH 14TH STREET

SCOTT FRAKES

CITY

LINCOLN

STATE ZIP CODE

NE 68502

APPLICANT'S BUSINESS PHONE NUMBER

402 - 479 - 5710

POC CELL PHONE NUMBER

402 - 217 - 3056

POC NAME

Scott Frakes

POC EMAIL

scott.frakes@nebraska.gov

Application Complete. Internet
confirmation no.: 6843460
Fee Paid: \$0.00

THE DEBT COLLECTION IMPROVEMENT ACT OF 1996 (PL 104-134) REQUIRES THAT YOU FURNISH YOUR FEDERAL TAXPAYER IDENTIFYING NUMBER TO DEA. THIS NUMBER IS REQUIRED FOR DEBT COLLECTION PROCEDURES SHOULD YOUR FEE BECOME UNCOLLECTABLE. IF YOU DO NOT HAVE A FEDERAL TAXPAYER IDENTIFYING NUMBER, USE YOUR SOCIAL SECURITY NUMBER.

REGISTRATION CLASSIFICATION

1. BUSINESS
ACTIVITY: IMPORTER

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS

☐

3. Drug Schedules. (Fill in all circles that apply)

☐ Schedule I

☐ Schedule II
Narcotic

☐ Schedule II
Non Narcotic

☐ Schedule III
Narcotic

☒ Schedule III
Non Narcotic

☒ Schedule IV

☐ Schedule V

☐ List 1

4. All Applicants must answer the following:

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?

State License No. [REDACTED] State: NE

Expire Date: 07-01-2018

State Controlled Substance Lic. No. [REDACTED]

Expire Date: --

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a Medicare or state health care program, or any such action pending? N
2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending? N
3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? N

4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? N

Drug Codes2100 2138

6. Payment Method: N/A

7. Certification for Fee Exemption

Certifying Official's Name: Candace Bottorf

Certifying Official's Title: Agency Legal Counsel

Certifying Official's Phone: 402- 479- 5735

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

e-Signature: Candace Bottorf

This electronic DEA application must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R. § 1301.13(j) for more information on who can certify this application

ADDITIONAL INFORMATION

Form 224 *Approved OMB Form No. 1117-0014 Expires: 04/30/2019 (12 minutes)*
Form 226 *Approved OMB Form No. 1117-0012 Expires: 07/31/2018 (15 minutes)*
Form 510 *Approved OMB Form No. 1117-0031 Expires: 05/31/2019 (15 minutes)*
Form 363 *Approved OMB Form No. 1117-0015 Expires: 06/30/2018 (15 minutes)*

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
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4. **PRIVACY ACT NOTICE:**
Providing information other than your SSN or TIN is voluntary; however, failure to furnish it will preclude processing of the application. The authorities for collection of this information are §§302 and 303 of the Controlled Substances Act (CSA) (21 U.S.C. §§822 and 823). The principle purpose for which the information will be used is to register applicants pursuant to the CSA. The information may be disclosed to other Federal law enforcement and regulatory agencies for law enforcement and regulatory purposes, State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes, and person registered under the CSA for the purpose of verifying registration. For further guidance regarding how your information may be used or disclosed, and a complete list of the routine uses of this collection, please see the DEA System of Records Notice "Controlled Substances Act Registration Records" (DEA-005), 52 FR 47208, December 11, 1987, as modified.

DIVERSION CONTROL PRIVACY POLICY

DEA PERPETUAL INVENTORY

DEA/Control Number: [REDACTED]

Tax Identifying Number: 4704912334201

Nebraska State Penitentiary / 4201 South 14th Street / Lincoln, NE 68502

Item Description: Fentanyl

Unit of Measure: 2ML

7/2019

Date	Location	Quantity Received	Quantity Used	Balance
10/12/17	NSP IV Room	25	—	25

October 12, 2017

Completed Internet Form - NOT FOR SUBMISSION
 DEA/Control Number [REDACTED]
 Submission Date: 09-22-2016

APPLICATION FOR REGISTRATION
 UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 225A - Completed
 Internet Receipt. NOT FOR
 SUBMISSION

NAME, APPLICANT OR BUSINESS (LAST)

NEBRASKA STATE PENITENTIARY

(First, MI)

TAX IDENTIFYING NUMBER APPLICANT

470491233

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS. (WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)

4201 SOUTH 14TH STREET

SCOTT FRAKES

CITY

LINCOLN

STATE ZIP CODE

NE 68502

APPLICANT'S BUSINESS PHONE NUMBER

402 - 479 - 5710

APPLICANT'S FAX NUMBER

402 - 479 - 5834

REGISTRATION CLASSIFICATION

1. BUSINESS
 ACTIVITY: IMPORTER

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.

☐

3. Drug Schedules. (Fill in all circles that apply)

☐ Schedule I ☐ Schedule II Narcotic ☐ Schedule II Non Narcotic ☐ Schedule III Narcotic ☒ Schedule III Non Narcotic ☒ Schedule IV ☐ Schedule V ☐ List 1

4. All Applicants must answer the following:

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?

State License No. [REDACTED] State: NE

Expire Date: 07-01-2017

State Controlled Substance Lic. No. [REDACTED]

Expire Date: --

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a Medicare or state health care program, or any such action pending? N
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4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? N

Drug Codes2100 2138

6. Payment Method: N/A

7. Certification for Fee Exemption

Certifying Official's Name: Julie Smith

Certifying Official's Title: Chief Legal Counsel

Certifying Official's Phone: 402- 479- 5735

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

By typing my full name in the space below, I hereby certify that the foregoing information furnished on this electronic DEA application is true and correct and understand that this constitutes an electronic signature for purposes of this electronic DEA application only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

e-Signature: Scott Frakes

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DEA OFFICE OF DIVERSION CONTROL PRIVACY POLICY

Completed Internet Form - NOT FOR SUBMISSION
DEA/Control Number - [REDACTED]
Submission Date: 11-19-2015

APPLICATION FOR REGISTRATION
UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 225A - Completed
Internet Receipt. NOT FOR
SUBMISSION

NAME APPLICANT OR BUSINESS (LAST)

NEBRASKA STATE PENITENTIARY

(First, MI)

TAX IDENTIFYING NUMBER AND/OR

470481233

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS, (WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)

4201 SOUTH 14TH STREET

SCOTT FRAKES

CITY

LINCOLN

STATE ZIP CODE

NE

68502

APPLICANT'S BUSINESS PHONE NUMBER

402

- 479

- 5710

APPLICANT'S FAX NUMBER

402

- 479

- 5634

REGISTRATION CLASSIFICATION

1. BUSINESS
ACTIVITY: IMPORTER

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.

☐

3. Drug Schedules. (Fill in all circles that apply)

☒ Schedule I

☒ Schedule II
Narcotic

☐ Schedule II
Non Narcotic

☐ Schedule III
Narcotic

☒ Schedule III
Non Narcotic

☒ Schedule IV

☐ Schedule V

☐ List 1

4. All Applicants must answer the following:

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?

State License No. [REDACTED] State: NE

Expire Date: 07-01-2016

State Controlled Substance Lic. No. [REDACTED]

Expire Date: —

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a Medicare or state health care program, or any such action pending? N
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Drug Codes

2100 2138

6. Payment Method: N/A

7. Certification for Fee Exemption

Certifying Official's Name: Julie Smith

Certifying Official's Title: Chief Legal Counsel

Certifying Official's Phone: 402- 479- 5735

Application Certification:

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By typing my full name in the space below, I hereby certify that the foregoing information furnished on these application/DEA forms pages is true and correct and understand that this constitutes an electronic signature for purposes of these applications/DEA forms only.

* Name of Applicant (For individual registrants, the registrant themselves MUST complete this E-Signature) or name of Officer of the Corporation/Company

e-Signature: Scott Frakes

This electronic application/DEA form must be certified by the applicant/registrant, if an individual; by a partner of the applicant, if a partnership; or by an officer of the applicant, if a corporation, corporate division, association, trust, or other entity. See 21 C.F.R. § 1301.13(i) for more information on who can certify this application

ADDITIONAL INFORMATION

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DEA OFFICE OF DIVERSION CONTROL PRIVACY POLICY



U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION
DIVERSION CONTROL DIVISION

Application 225A Successfully Submitted.

Your Application has been successfully submitted.
Thu Sep 22 09:20:09 EDT 2016

Internet Tracking number: 6083845
(DEA Number - [REDACTED])

It is recommended that you use your browser's print function to print a copy of this page for your records.

Your application will be reviewed and will be processed when the review is complete. This process normally takes 4 to 6 weeks.

If you wish to make changes to the data you have submitted, you must contact DEA directly. Changes cannot be made by submitting a new application using this online tool. Please wait 2 business days before contacting DEA concerning this application. 1-800-882-9539

It is recommended you print a detailed receipt using your browser's print function by selecting the Print Browser button below.

Print Receipt

Exit

Completed Internet Form - NOT FOR SUBMISSION
 DEA/Control Number - XXXXXXXXXX
 Submission Date: 08-01-2017

APPLICATION FOR REGISTRATION
 UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 225A - Completed
 Internet Receipt. NOT FOR
 SUBMISSION

NAME: APPLICANT OR BUSINESS (LAST)

NEBRASKA STATE PENITENTIARY

(First, MI)

TAX IDENTIFYING NUMBER AND/OR

470491233

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS. (WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)

4201 SOUTH 14TH STREET

SCOTT FRAKES

CITY

LINCOLN

STATE ZIP CODE

NE

68502

APPLICANT'S BUSINESS PHONE NUMBER

402

- 479

- 6710

POC CELL PHONE NUMBER

402

- 217

- 3066

POC NAME

Scott Frakes

POC EMAIL

scott.frakes@nebraska.gov

Application Complete. Internet
 confirmation no.: 6843480
 Fee Paid: \$0.00

THE DEBT COLLECTION IMPROVEMENT ACT OF
 1990 (PL 104-134) REQUIRES THAT YOU FURNISH
 YOUR FEDERAL TAXPAYER IDENTIFYING NUMBER
 TO DEA. THE NUMBER IS REQUIRED FOR DEBT
 COLLECTION PROCEDURES. SHOULD YOUR FEE
 BECOME UNCOLLECTABLE. IF YOU DO NOT HAVE A
 FEDERAL TAXPAYER IDENTIFYING NUMBER, USE
 YOUR SOCIAL SECURITY NUMBER.

REGISTRATION CLASSIFICATION

1. BUSINESS
 ACTIVITY: IMPORTER

2. INDICATE HERE IF YOU REQUIRE ORDER FORM BOOKS.



3. Drug Schedules. (Fill in all circles that apply)



Narcotic



Non Narcotic



Narcotic



Non Narcotic



4. All Applicants must answer the following:

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?

State License No. XXXXXXXXXX State: NE

Expire Date: 07-01-2018

State Controlled Substance Lic. No. XXXXXXXXXX

Expire Date: --

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a Medicare or state health care program, or any such action pending? N
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639 1-4 NEBRASKA STATE PENITENTIARY
801 W. PROSPECTOR PLACE, #1
LINCOLN, NE 68522-0000



DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2018	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017
NEBRASKA STATE PENITENTIARY SCOTT FRAKES 4201 SOUTH 14TH STREET LINCOLN, NE 68502-0000		

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance.

THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

CONTROLLED SUBSTANCE REGISTRATION CERTIFICATE
UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION
WASHINGTON D.C. 20537

DEA REGISTRATION NUMBER	THIS REGISTRATION EXPIRES	FEE PAID
[REDACTED]	10-31-2018	FEE EXEMPT
SCHEDULES	BUSINESS ACTIVITY	ISSUE DATE
3N,4	IMPORTER	09-19-2017
NEBRASKA STATE PENITENTIARY SCOTT FRAKES 4201 SOUTH 14TH STREET LINCOLN, NE 68502-0000		

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THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.

DEA REGISTRATION NUMBER <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>	THIS REGISTRATION EXPIRES 10-31-2018	FEE PAID FEE EXEMPT	CONTROLLED SUBSTANCE/REGULATED CHEMICAL REGISTRATION CERTIFICATE UNITED STATES DEPARTMENT OF JUSTICE DRUG ENFORCEMENT ADMINISTRATION WASHINGTON D.C. 20537
SCHEDULES 3N.4	BUSINESS ACTIVITY IMPORTER	ISSUE DATE 09-19-2017	Sections 304 and 1008 (21 USC 824 and 958) of the Controlled Substances Act of 1970, as amended, provide that the Attorney General may revoke or suspend a registration to manufacture, distribute, dispense, import or export a controlled substance. THIS CERTIFICATE IS NOT TRANSFERABLE ON CHANGE OF OWNERSHIP, CONTROL, LOCATION, OR BUSINESS ACTIVITY, AND IT IS NOT VALID AFTER THE EXPIRATION DATE.
NEBRASKA STATE PENITENTIARY SCOTT FRAKES 4201 SOUTH 14TH STREET LINCOLN, NE 68502-0000			

<div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-bottom: 10px;">Form DEA-223/511 (9/2016)</div> <div style="font-size: 1.2em; font-weight: bold;">REPORT CHANGES PROMPTLY</div>	REQUESTING MODIFICATIONS TO YOUR REGISTRATION CERTIFICATE To request a change to your registered name, address, the drug schedule or the drug codes you handle, please 1. visit our web site at deadiversion.usdoj.gov - or 2. call our customer Service Center at 1-(800) 882-9539 - or 3. submit your change(s) in writing to: Drug Enforcement Administration P.O. Box 2639 Springfield, VA 22152-2639 See Title 21 Code of Federal Regulations, Section 1301.51 for complete instructions.
--	---

----- You have been registered to handle the following chemical/drug codes: -----

2100, 2138

Drug Codes2100 2138

6. Payment Method: N/A

7. Certification for Fee Exemption

Certifying Official's Name: Candace Bottorf

Certifying Official's Title: Agency Legal Counsel

Certifying Official's Phone: 402- 478- 5735

Application Certification:

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

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DIVERSION CONTROL PRIVACY POLICY

APPLICATION FOR REGISTRATION
Under the Controlled Substances ActAPPROVED OMB NO 1117-0012
FORM DEA-225 (10-08)
Previous editions are obsolete

INSTRUCTIONS

Save time - apply on-line at www.deadiversion.usdoj.gov

1. To apply by mail complete this application. Keep a copy for your records.
2. Print clearly, using black or blue ink, or use a typewriter.
3. Mail this form to the address provided in Section 7 or use enclosed envelope.
4. Include the correct payment amount. FEE IS NON-REFUNDABLE.
5. If you have any questions call 800-882-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ON-LINE.

DEA OFFICIAL USE:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Do you have other DEA registration numbers?

☐ NO☒ YES

MAIL-TO ADDRESS

Please print mailing address changes to the right of the address in this box.

FEE FOR ONE (1) YEAR - see Section 2
FEE IS NON-REFUNDABLE

Nebraska Department of Correctional Services
c/o : George Green
PO Box 94661
LINCOLN, NE 68522

SECTION 1 APPLICANT IDENTIFICATION

☐ Individual Registration☐ Business Registration

Name 1 (Last Name of Individual -OR- Business or Facility Name)

NEBRASKA DEPARTMENT OF CORRECTIONAL

Name 2 (First Name and Middle Name of individual -OR- Continuation of business name)

SERVICES - PHARMACY

Street Address Line 1 (if applying for fee exemption, this must be address of the fee exempt institution)

2620 W VANDORN

Address Line 2

City

LINCOLN

State Zip Code

NE 68522

Business Phone Number

402-479-5630

Point of Contact

STEVE L. UROSEVICH

Business Fax Number

402-479-5679

Email Address

steve.urosevich@nebraska.gov

DEBT COLLECTION
INFORMATION
Mandatory pursuant
to Debt Collection
Improvements Act

Tax Identification Number (If registration is for business)

47-0491233

Provide TIN or SSN.
See additional information
note #3 on page 4.

Social Security Number (If registration is for individual)

SECTION 2

BUSINESS ACTIVITY

Check one
business activity
box onlyResearcher -
See page 4
for required
attachments

- ☐ Analytical Lab.....fee for one year is \$184
☐ Researcher w/Sched I.....fee for one year is \$184
☐ Researcher w/Sched II - V.....fee for one year is \$184
☐ Canine Handler.....fee for one year is \$184
☐ Distributor.....fee for one year is \$1147

- ☐ Exporter.....fee for one year is \$1147
☒ Importer.....fee for one year is \$1147
☐ Reverse Distributor.....fee for one year is \$1147
☐ Manufacturer.....fee for one year is \$2293
☐ Manufacturer BULK.....fee for one year is \$2293

SECTION 3

A. DRUG SCHEDULES

Check all that apply

Enter drug codes on
page 2.

- ☐ Schedule I ☒ Schedule II Narcotic ☒ Schedule III Narcotic ☒ Schedule IV
☒ Schedule II Non-Narcotic ☒ Schedule III Non-Narcotic ☒ Schedule V
☐ Check this box if you require official order forms - for purchase or transfer of schedule I and II controlled substances.

B. MANUFACTURERS
ONLYMark each box with
an 'X' to indicate which
drug schedule is handled
in each manufacturing
stage1 2 2 NON 3 3 NON 4 5
narcotic narcoticSTAGE 1
Bulk synthesis/extraction1 2 2 NON 3 3 NON 4 5
narcotic narcoticSTAGE 3
Package / Repackage
Label / Relabel1 2 2 NON 3 3 NON 4 6
narcotic narcoticSTAGE 2
Dosage form manufacture1 2 2 NON 3 3 NON 4 6
narcotic narcoticSTAGE 4
Non human consumption

C. Listed below are examples of drug codes for schedules 1-5. Check all drug codes you handle as required.
SCHEDULE For more information, see our web site at www.deadiversion.usdoj.gov, 21 CFR 1308, or call 1-800-882-8639.

CODES

Analytical Lab.....not required to list drug codes	Distributor.....must mark all schedule 1 &/or 2012 drug codes
Researcher w/Sched 1.....must list sched 1 drug codes	Reverse Distributor.....must mark all schedule 1 &/or 2012 drug codes
Researcher w/Sched 2-5.....must list sched 2 drug codes to be manufactured or imported as part of research	Manufacturer.....must mark all schedule 1&2 drug codes
Canine Handler.....may handle sched 1-5; must list sched 1 drug codes	Exporter or Importer.....must mark all schedule 1-5 drug codes

If you bulk manufacture a substance, check the 'BULK?' column after the applicable class code.

SCHEDULE 1 NARCOTIC & NON-NARCOTIC

CODE BULK?

<input type="checkbox"/> 3,4-Methylenedioxymphetamine (MDA)	7400	_____
<input type="checkbox"/> 3,4-Methylenedioxymethamphetamine (MDMA)	7405	_____
<input type="checkbox"/> 4-Methyl-2,5-Dimethoxyamphetamine (DOM, STP)	7395	_____
<input type="checkbox"/> 4-Methylaminorex -cis isomer (U4Euh, McN-422)	1590	_____
<input type="checkbox"/> Alphacetylmethadol (except LAAM)	9803	_____
<input type="checkbox"/> Bufotenine (Mappine)	7433	_____
<input type="checkbox"/> Cannabidiol (Marijuana)	7360/7372	_____
<input type="checkbox"/> Diethyltryptamine (DET)	7434	_____
<input type="checkbox"/> DifenoXin 1MG/25UG ATSO4 /DU (Motofen)	9187	_____
<input type="checkbox"/> Dimethyltryptamine (DMT)	7435	_____
<input type="checkbox"/> Etorphine (except HCL)	9056	_____
<input type="checkbox"/> Gamma Hydroxybutyric Acid (GHB)	2010	_____
<input type="checkbox"/> Heroin (Diamorphine)	9200	_____
<input type="checkbox"/> Ibogaine	7260	_____
<input type="checkbox"/> Lysergic Acid Diethylamide (LSD)	7315	_____
<input type="checkbox"/> Mescaline	7381	_____
<input type="checkbox"/> Marijuana	7380	_____
<input type="checkbox"/> Methaqualone (Quaalude)	2565	_____
<input type="checkbox"/> Normorphine	9313	_____
<input type="checkbox"/> Peyote	7415	_____
<input type="checkbox"/> Psilocybin	7437	_____
<input type="checkbox"/> Tetrahydrocannabinols (THC)	7370	_____

SCHEDULE 3 NARCOTIC & NON-NARCOTIC

CODE BULK?

<input checked="" type="checkbox"/> Anabolic Steroids	4000	_____
<input checked="" type="checkbox"/> Barbituric acid derivative	2100	_____
<input checked="" type="checkbox"/> Benzphetamine (Didrex, Inapetyl)	1228	_____
<input checked="" type="checkbox"/> Buprenorphine (Buprenex, Temgesic)	9004	_____
<input checked="" type="checkbox"/> Butabarbital	2100/2175	_____
<input checked="" type="checkbox"/> Butalbital	2100/2188	_____
<input checked="" type="checkbox"/> Codeine combo product (Empirin)	9804	_____
<input checked="" type="checkbox"/> Dihydrocodeine combo product (Compal)	9807	_____
<input checked="" type="checkbox"/> Doxanibin in sesame oil soft cap (Marinol)	7369	_____
<input checked="" type="checkbox"/> Gamma Hydroxybutyric Acid preparations (Zyrem)	2012	_____
<input checked="" type="checkbox"/> Hydrocodone combo product (Lorcet, Vicodin)	9806	_____
<input checked="" type="checkbox"/> Ketamine (Ketaset, Ketalar)	7285	_____
<input checked="" type="checkbox"/> Morphine combo product	9810	_____
<input checked="" type="checkbox"/> Nalorphine (Nalline)	9400	_____
<input checked="" type="checkbox"/> Opium combo product (Paregoric)	9809	_____
<input checked="" type="checkbox"/> Pentobarbital suppository dosage (FP3)	2270	_____
<input checked="" type="checkbox"/> Phendimetrazine (Plegine, Bontril)	1815	_____
<input checked="" type="checkbox"/> Thiopental	2100/2329	_____

SCHEDULE 5 NARCOTIC & NON-NARCOTIC

CODE BULK?

<input checked="" type="checkbox"/> Codeine preparations (Robitussin A-C, Padiacof)	9050	_____
<input checked="" type="checkbox"/> Pyrovalarone (Centron, Thymergix)	1485	_____

SCHEDULE 2 NARCOTIC & NON-NARCOTIC

CODE BULK?

<input checked="" type="checkbox"/> Amobarbital (Amytal, Tuinal)	2125	_____
<input checked="" type="checkbox"/> Amphetamine (Dexedrine, Adderall)	1100	_____
<input checked="" type="checkbox"/> Cocaine (Methyl benzoylecgonine)	9041	_____
<input checked="" type="checkbox"/> Codeine (Morphine methyl ester)	9050	_____
<input checked="" type="checkbox"/> Dextropropoxyphene (bulk)	9273	_____
<input checked="" type="checkbox"/> Diphenoxylate	9170	_____
<input checked="" type="checkbox"/> Diprenorphine (M50-50)	9068	_____
<input checked="" type="checkbox"/> Ethylmorphine (Dionin)	9190	_____
<input checked="" type="checkbox"/> Etorphine Hydrochloride (M99)	9059	_____
<input checked="" type="checkbox"/> Fentanyl (Duragesic)	9801	_____
<input checked="" type="checkbox"/> Hydrocodone (Dihydrocodeinone)	9193	_____
<input checked="" type="checkbox"/> Hydromorphone (Dilaudid)	9150	_____
<input checked="" type="checkbox"/> Levo-Alphacetylmethadol (LAAM)	9648	_____
<input checked="" type="checkbox"/> Levorphanol (Levo-Dromoran)	9220	_____
<input checked="" type="checkbox"/> Meperidine (Demerol, Mepergan)	9230	_____
<input checked="" type="checkbox"/> Methadone (Dolophine, Methadose)	9250	_____
<input checked="" type="checkbox"/> Methamphetamine (Desoxyn)	1105	_____
<input checked="" type="checkbox"/> Methylphenidate (Concerta, Ritalin)	1724	_____
<input checked="" type="checkbox"/> Morphine (MS Contin, Roxanol)	9300	_____
<input checked="" type="checkbox"/> Opium, powdered	9839	_____
<input checked="" type="checkbox"/> Opium, raw	9600	_____
<input checked="" type="checkbox"/> Oxycodone (Oxycontin, Percocet)	9143	_____
<input checked="" type="checkbox"/> Oxymorphone (Numorphan)	9852	_____
<input checked="" type="checkbox"/> Pentobarbital (Nembutal)	2270	_____
<input checked="" type="checkbox"/> Phencyclidine	7471	_____
<input checked="" type="checkbox"/> Secobarbital (Seconal, Tuinal)	2315	_____
<input checked="" type="checkbox"/> Thebaine	9333	_____

SCHEDULE 4 NARCOTIC & NON-NARCOTIC

CODE BULK?

<input checked="" type="checkbox"/> Alprazolam (Xanax)	2882	_____
<input checked="" type="checkbox"/> Barbitol (Veronal, Plexonal)	2145	_____
<input checked="" type="checkbox"/> Chloral Hydrate (Noctec)	2468	_____
<input checked="" type="checkbox"/> Chlordiazepoxide (Librium)	2744	_____
<input checked="" type="checkbox"/> Clonazepam (Klonopin)	2737	_____
<input checked="" type="checkbox"/> Clorazepate (Tranxene)	2768	_____
<input checked="" type="checkbox"/> Diazepam (Valium)	2766	_____
<input checked="" type="checkbox"/> Flurazepam (Dalmene)	2767	_____
<input checked="" type="checkbox"/> Lorazepam (Ativan)	2885	_____
<input checked="" type="checkbox"/> Meprobamate (Miltown, Equanil)	2820	_____
<input checked="" type="checkbox"/> Midazolam (Versed)	2884	_____
<input checked="" type="checkbox"/> Oxazepam (Serax, Serenid-D)	2835	_____
<input checked="" type="checkbox"/> Phenobarbital (Luminal)	2285	_____
<input checked="" type="checkbox"/> Phenformin (Fastin, Zantryl)	1640	_____
<input checked="" type="checkbox"/> Temazepam (Restoril)	2925	_____
<input checked="" type="checkbox"/> Zolpidem (Ambien, Stilnox)	2783	_____

WRITE IN ADDITIONAL CODES

You may write in additional drug codes in this section. Attach a separate sheet if needed.

SECTION 1. APPLICANT IDENTIFICATION - Information must be typed or printed in the blocks provided to help reduce data entry errors. A physical address is required in address line 1; a post office box or continuation of address may be entered in address line 2. Fee exempt applicant must list the address of the fee exempt institution. The email address, point of contact, national provider id, and date of birth are new data items that are in the process of OMB approval and will soon be mandatory. They are requested in order to facilitate communication or as required by inter-agency data sharing requirements. Applicant must enter a valid social security number (SSN), or a tax identification number (TIN) if applying as a business entity.

Debt collection information is mandatory pursuant to the Debt Collection Improvement Act of 1996.

SECTION 2. BUSINESS ACTIVITY - Indicate only one. Each type of business activity requires a separate application. You are required to register as a "manufacturer" if you manufacture a controlled substance or List 1 chemical and then distribute it.

SECTION 3A. SCHEDULES - Applicant should check all schedules to be handled. However, applicant must still comply with state requirements; federal registration does not overrule state restrictions. Check the order form box only if you intend to purchase or to transfer schedule 1 and 2 controlled substances. Order forms will be mailed to the registered address following issuance of a Certificate of Registration.

3B. MANUFACTURER ONLY - Mark the controlled substance schedule(s) handled in each manufacturing stage listed.

3C. SCHEDULE CODES - Report all drug codes as required for your business activity. Analytical lab is not required to list drug codes. Researcher of schedule 2-5 need only report schedule 2 drug codes that will be manufactured or imported as part of the research activity. Researcher of schedule 1 must report drug codes. Distributor or reverse distributor must list all schedule 1, and/or 2012 drug codes. Importer or exporter must check all schedule codes handled. Manufacturer must report all schedule 1 and 2 drug codes, and check all codes that are manufactured in bulk.

SECTION 4. STATE LICENSE(S) - Federal registration by DEA is based upon the applicant's compliance with applicable state and local laws. Applicant should contact the local state licensing authority prior to completing this application. If your state requires a license, provide that number on this application.

SECTION 5. LIABILITY - Applicant must answer all four questions for the application to be accepted for processing. If you answer "Yes" to a question, provide an explanation in the space provided. If you answer "Yes" to several of the questions, then you must provide a separate explanation describing the location, nature, and result of incident for each "Yes" answer. If additional space is required, you may attach a separate page.

SECTION 6. EXEMPTION - Exemption from payment of application fee is limited to federal, state or local government official or institution. The applicant's superior or agency officer must certify exempt status. The signature, authority title, and telephone number of the certifying official (other than the applicant) must be provided. This address of the fee exempt institution must appear in Section 1.

SECTION 7. METHOD OF PAYMENT - Indicate the desired method of payment. Make checks payable to "Drug Enforcement Administration". Third-party checks or checks drawn on foreign banks will not be accepted. **FEES ARE NON-REFUNDABLE.**

SECTION 8. APPLICANT'S SIGNATURE - Applicant MUST sign in this section or application will be returned. Card holder signature in section 7 does not fulfill this requirement.

ATTACHMENTS: Researcher must attach 3 copies of protocol, including curriculum vitae, to conduct research with schedule 1 controlled substances. For clinical investigations, researcher must first submit to FDA a "Notice of Claimed Investigational Exemption for New Drug (IND)". See DEA web site or CFR 1301.18 for details.

Notice to Registrants Making Payment by Check

Authorization to Convert Your Check: If you send us a check to make your payment, your check will be converted into an electronic fund transfer. "Electronic fund transfer" is the term used to refer to the process in which we electronically instruct your financial institution to transfer funds from your account to our account, rather than processing your check. By sending your completed, signed check to us, you authorize us to copy your check and to use the account information from your check to make an electronic fund transfer from your account for the same amount as the check. If the electronic fund transfer cannot be processed for technical reasons, you authorize us to process the copy of your check.

Insufficient Funds: The electronic funds transfer from your account will usually occur within 24 hours, which is faster than a check is normally processed. Therefore, make sure there are sufficient funds available in your checking account when you send us your check. If the electronic funds transfer cannot be completed because of insufficient funds, we may try to make the transfer up to more two times.

Transaction Information: The electronic fund transfer from your account will be on the account statement you receive from your financial institution. However, the transfer may be in a different place on your statement than the place where your checks normally appear. For example, it may appear under "other withdrawals" or "other transactions". You will not receive your original check back from your financial institution. For security reasons, we will destroy your original check, but we will keep a copy of the check for record-keeping purposes.

Your Rights: You should contact your financial institution immediately if you believe that the electronic fund transfer reported on your account statement was not properly authorized or is otherwise incorrect. Consumers have protections under Federal law called the Electronic Fund Transfer Act for an unauthorized or incorrect electronic fund transfer.

ADDITIONAL INFORMATION

1. No registration will be issued unless a completed application form has been received (21 CFR 1301.13).
2. In accordance with the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number. The OMB number for this collection is 1117-0012. Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information.
3. The Debt Collection Improvements Act of 1996 (PL 104-134) requires that you furnish your Taxpayer Identification Number and/or Social Security Number on this application. This number is required for debt collection procedures if your fee is not collectible.

4. PRIVACY ACT INFORMATION

AUTHORITY: Section 302 and 303 of the Controlled Substances Act of 1970 (PL 91-613) and Debt Collection Improvements Act of 1996 (PL 104-134) for SSN and/or TIN

PURPOSE: To obtain information required to register applicants pursuant to the Controlled Substances Act of 1970

ROUTINE USES: The Controlled Substances Act registration system produces special reports as required for statistical analytical purposes.

Disclosures of information from this system are made to the following:

- A. Other federal law enforcement and regulatory agencies for law enforcement and regulatory purposes
- B. State and local law enforcement and regulatory agencies for law enforcement and regulatory purposes
- C. Persons registered under the Controlled Substances Act (PL 91-613) for the purpose of verifying registration

EFFECT: Failure to complete form will preclude processing of the application.

INTERNET:
www.deadiversion.usdoj.gov

TELEPHONE:
HQ Call Center (800)882-9530

WRITTEN INQUIRIES:
DEA
P.O. Box 28083
Washington, D.C. 20038-8003

Completed Internet Form - NOT FOR SUBMISSION
 DEA/Control Number - [REDACTED]
 Submission Date: 09-14-2016

APPLICATION FOR REGISTRATION
 UNDER CONTROLLED SUBSTANCES ACT OF 1970

Form DEA 224A - Completed
 Internet Receipt, NOT FOR
 SUBMISSION

NAME: APPLICANT OR BUSINESS (LAST)

NEBRASKA STATE PENITENTIARY

(First, MI)

TAX IDENTIFYING NUMBER AND/OR

SOCIAL SECURITY NUMBER

PROPOSED BUSINESS ADDRESS: (WHEN ENTERING A P.O. BOX, YOU ARE REQUIRED TO ENTER A STREET ADDRESS)

4201 SOUTH 14TH STREET

TEENA LINGER

CITY

LINCOLN

STATE ZIP CODE

NE

68542

APPLICANT'S BUSINESS PHONE NUMBER

402 - 479 - 5636

APPLICANT'S FAX NUMBER

402 - 479 - 5634

REGISTRATION CLASSIFICATION

1. BUSINESS
 ACTIVITY: HOSPITAL/CLINIC

2. INDICATE HERE IF YOU REQUIRE
 ORDER FORM BOOKS. ☐

3. Drug Schedules. (Fill in all circles that apply)

☒ Schedule II
 Narcotic

☒ Schedule II
 Non Narcotic

☒ Schedule III
 Narcotic

☒ Schedule III
 Non Narcotic

☒ Schedule IV

☒ Schedule V

4. All Applicants must answer the following:

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?

State License No. [REDACTED] State: NE

Expire Date: 10-31-2016

State Controlled Substance Lic. No. [REDACTED]

Expire Date: --

1. Has the applicant ever been convicted of a crime in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a Medicare or state health care program, or any such action pending?

N

2. Has the applicant ever surrendered (for cause) or had a federal controlled substance registration revoked, suspended, restricted or denied, or is any such action pending?

N

3. Has the applicant ever surrendered (for cause) or had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

N

4. If the applicant is a corporation (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder or proprietor been convicted of a crime in connection with controlled substance(s) under state or federal law, or ever surrendered or had a federal controlled substance registration revoked, suspended, restricted or denied, or ever had a state professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending?

N