

Wisconsin Department of Safety and Professional Services

Office Location: 4822 Madison Yards Way
Madison, WI 53705
Phone Number: (608) 266-2112

LicensE Portal: <https://license.wi.gov/>
Email: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

CONTROLLED SUBSTANCE BOARD

SPECIAL USE AUTHORIZATION APPLICATION INSTRUCTIONS

REQUIRED FEES:

Waiver: No fee is charged for Authorizations issued to employees of state agencies or institutions.

Authorization fee \$25.00: For each application, there is a non-refundable fee. Fees will be paid at the time the application for authorization is submitted.

Amendment fee \$5.00: Amendments to an Authorization must be accompanied by the fee.

Make checks payable to: Department of Safety and Professional Services.

APPLICANT INFORMATION:

- Sign and date application (**Form #2184**) and return it to the Department at the address listed above. The **completed** application will be reviewed by the Controlled Substances Board's (CSB) Credentialing Liaison(s). Failure to submit all requested information may result in a delay in processing the application. You will be notified of an approval or denial.
- You must also apply for Registration with the federal Drug Enforcement Administration (DEA) in order to acquire controlled substances. DEA approval is contingent upon CSB approval. Applications may be requested from:
DEA Diversion Group
4725 W. Electric Avenue
West Milwaukee, WI 53219
(414) 336-7374
- The CSB Authorization will expire one year after its issuance. Failure to re-apply will result in automatic termination of the authorization without further notice.
- To terminate your Special Use Authorization (SUA) submit in writing that you wish to terminate and cease all activity to which the SUA applies. To regain authorization in the future you will need to complete application (**Form #2184**) as a new SUA holder. Following review by the Board, a decision will be made whether to grant an SUA to your organization at that time.
- Research in which controlled substances are administered to human subjects must be under the direct supervision of a physician currently licensed to practice in Wisconsin.

IMPORTANT INFORMATION:

The applicant must maintain current and accurate records of all receipts and dispositions of controlled substances obtained pursuant to the issuance of the authorization.

In accordance with federal and state laws, all SUA holders are **only** allowed to have drug/substance amounts that have been previously authorized and approved by the Board. Any additional drug/substance amounts that are not authorized by the Board is a violation of federal and state laws. An SUA may be revoked for this violation.

Please be advised you need to contact the Drug Enforcement Administration for authorization to destroy or otherwise properly dispose of **all controlled substances**.

Drug Enforcement Administration (DEA)
4725 W. Electric Avenue
West Milwaukee, WI 53219
(414) 336-7374

AMENDMENTS:

These requests must be filed and approved by the Board prior to purchasing any additional drug amounts or new substances.

To file an amendment with the Board, submit your request in writing to indicate the need and the justification for this change. You must include the required (**Form #2184**) information. Please include your SUA permit number and expiration date.

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An Amendment must be filed with the Controlled Substances Board for a change to your current Authorization prior to the expiration date. The following changes must be approved by the Board:

- Change in original Authorization Holder. (Complete and submit **Form #2184**, item numbers 1, 2, 3, 12, 13, 14, 15, and 16.)
- New individuals added who are participating in the functions for which the Authorization was approved. (Complete and submit **Form #2184**, item numbers 1, 2, 3, 12, 13, and 14.)
- Increased possession limits above previously authorized amounts. (Complete and submit **Form #2184**, item numbers 1, 2, 3, 4, and 11.)
- New controlled substance that was not previously authorized for you to have in your possession. (Complete and submit **Form #2184**, item numbers 1, 2, 3, 4, and justification.)

A \$5.00 fee is required for all amendment changes.

Make checks payable to: Department of Safety and Professional Services.

Once your request is received, it will be reviewed by the Board's credentialing liaison(s) for approval. Upon approval, you will be issued an Amended SUA with the changes shown.

RESEARCHERS: For approval of your Authorization, you must submit the required documentation outlined below.

- A copy of the IACUC/IRB approval cover sheet. **Do not send full IACUC or IRB applications.**
- A detailed **one-page** written description of each research protocol that involves the use of controlled substances. **Do not send full IACUC or IRB applications.**

Additional information regarding research protocols:

- Research involving animals must provide calculations that lead to requested amounts using the chart in Item 11 on page 6 of this application.
- Research involving human subjects must provide verification of Institutional Review Board (IRB) approval and calculations that lead to the requested amounts.
- Research that does not involve the use of animals must provide the calculations that lead to the requested amounts.
- Completion of the Special Use Authorization Checklist for Research (**Form #2836**).

HUMANE SOCIETIES: For approval of your Authorization, you must submit the required documentation outlined below.

- Provide a copy of Board-approved euthanasia course completions for all new staff listed in item numbers 12 and 13. For a list of Board approved courses go to <http://dsps.wi.gov>. (Click on "Professions," then "Controlled Substances Special Use Authorization.") Humane Society staff may not perform euthanasia until an approved euthanasia course has been completed.
- Completion of the Special Use Authorization Checklist for Humane Societies/Animal Translocation (**Form #2837**).
- Completion of the Translocation and Euthanasia Annual Report (**Form #2530**).

NARCOTIC DOG HANDLERS/TRAINERS: For approval of your Authorization, you must submit the required documentation outlined below.

- Verification of membership in a national police dog association approved by the Board—approved memberships are listed on the Checklist for Dog Training (**Form #2385**).
- A letter from the sheriff/chief of police authorizing possession of controlled substances and his/her willingness to accept responsibility for the controlled substances.
- Completion of the Special Use Authorization Checklist for Dog Training (**Form #2385**).

LAW ENFORCEMENT ANIMAL CONTROL OFFICERS: For approval of your Authorization, you must submit the required documentation outlined below.

- Provide a copy of approved euthanasia course completion for all new staff listed in item 12 and 13 of this application. For a list of board approved courses go to <http://dsps.wi.gov>. (Click on "Professions," then "Controlled Substances Special Use Authorization.") You may not perform euthanasia until an approved euthanasia course has been completed.
- Complete the application for Controlled Substances Special Use Authorization (**Form #2184**).
- Complete and submit the Translocation and Euthanasia Annual Report (**Form #2530**). Law Enforcement Animal Control Officer must estimate the number of animals and dosage per animal.
- The officer must enclose a letter from the sheriff/chief of police authorizing possession of controlled substances and willingness to accept responsibility for the controlled substances.
- Complete and submit Humane Societies/Animal Translocation Checklist (**Form #2837**).
- Bolted lock box in transportation vehicle.
- Storage of controlled substances must be in a secure, locked safe. See Physical Security Requirements (**Form #2277**).

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APPLICATION FOR SPECIAL USE AUTHORIZATION

(Please check only one box.)

- NEW RENEWAL (Refer to prior year's approval letter for SUA # and expiration date.) AMENDMENT (Refer to prior year's approval letter for SUA # and expiration date.)

SUA # Expiration Date: / /

SUA # Expiration Date: / /

TYPE OR PRINT CLEARLY – (Applicant is responsible for SUA and must maintain current and accurate records.)

1. Name of Person Applying for Authorization:

Credential/Title of Applicant:

Applicant's Address:

Applicant's Social Security Number: - - DOB: / /

Institution, Research Lab, or Business Facility Represented by or Employing Applicant:

Name:

Physical Address:

Mailing Address:

Email Address:

Telephone: - - FAX #: - -

2. Category of Authorization(s) that apply: ***Applications must be accompanied by appropriate checklist.**

- | | | | |
|--|--------------------------|-------------------------------------|--------------------------|
| Analytical Laboratory | <input type="checkbox"/> | Narcotic Dog Training* | <input type="checkbox"/> |
| Animal Translocation* | <input type="checkbox"/> | Industrial/Commercial Processing | <input type="checkbox"/> |
| Humane Society* | <input type="checkbox"/> | Instructional Activities | <input type="checkbox"/> |
| Research* | <input type="checkbox"/> | Drug Movement for Training Purposes | <input type="checkbox"/> |
| Law Enforcement Animal Control Officer | <input type="checkbox"/> | Other Special Use | <input type="checkbox"/> |

Other Special Uses, specify:

3. DEA #:

Expiration Date: / /

If no DEA#, check this box if DEA registration is pending.

IMPORTANT: Once granted, an SUA permit is NOT valid until DEA registration is granted.

APPLICATION FEES: Make check payable to DSPS and attach to this application.

No fee is charged for SUA permits issued to employees of State Agencies or Institutions. (Please check applicable box.)

Authorization Fee
\$ 25.00 Total Fee Attached

New Renewal

Amendment Fee
\$ 5.00 Total Fee Attached

For Receiving Use Only

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All drug/substance amounts must be listed in the same unit and given in weight if solid, or volume and concentration if liquid.

If a separate list is appended, only list the controlled substances.

In accordance to federal and state laws, all Special Use Authorization (SUA) holders are only allowed to have drug/substance amounts that have been previously authorized and approved by the Controlled Substances Board. Possession or use of any additional drug/substance amounts that are not authorized by the Controlled Substances Board is a violation of federal and state laws. An SUA may be revoked for this violation.

A Drug Enforcement Administration (DEA) registration pursuant to section 823 of the Controlled Substances Act (the Act) to manufacture, distribute, or dispense a controlled substance or a List I chemical may be suspended or revoked in accordance with section 824(a)(3) of the Act by the Attorney General [of the United States] upon a finding that the registrant has had his/her [State of Wisconsin Controlled Substances Board Special Use Authorization] suspended, revoked or denied by competent State authority and is no longer authorized by State law to engage in the manufacturing, distribution, or dispensing of controlled substances or List I chemicals or has had the suspension, revocation, or denial of his registration recommended by competent State authority. Suspension or revocation of a DEA registration would entail surrender of the registration certificate, any unused DEA Forms 222, and all controlled substances in the possession of the registrant.

You must contact the Drug Enforcement Administration (DEA) for authorization to destroy or otherwise properly dispose of all controlled substances.

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5. **SECURITY:**

Where will the controlled substances be stored and who will have access? The recommended procedure is a locked safe with access limited to those individuals shown on your application. If storage and use are at different locations, indicate below. **See Physical Security Requirements for Controlled Substances (Form # 2277).**

Provide storage details below:

List all individuals who will have access to the controlled substances:

6. From what source will the controlled substances be acquired?

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7. The applicant must maintain current and accurate records on all receipts and dispositions of controlled substances obtained pursuant to the issuance of this Authorization.

8. Any authorization or amendment to this application expires at the expiration of this permit. **Note the expiration date on the permit.**

9. This Authorization is expressly subject to such regulations and review that may be required by the Controlled Substances Board.

10. DESCRIBE your use for each controlled substance(s) listed on section 4. Please attach a separate sheet if more space is needed.

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11. RESEARCH PROTOCOL: (Must be completed for each research protocol. Please duplicate this sheet if needed.)

PROTOCOL CHART:

Protocol #	Expiration Date	Title of Protocol (a ONE-PAGE DESCRIPTION of the PROTOCOL must accompany this table) <u>DO NOT SEND FULL IACUC OR IRB APPLICATIONS IN LIEU OF THIS REQUIREMENT.</u>

For each individual protocol listed, you must provide the name and concentration of the drug, the dosage used per animal, the weight of the animal, the number of animals and the total amount of drug used.

Example A: Dose (mg/kg) x Weight of Animal x Number of Animals = Amount of Drug required (mg)

DRUG DOSAGE INFORMATION:

Drug(s)			
Animal Species			
Total Number of Animals Per Year			
Average Weight (kg)			
Average Total Dose (mg/kg)			
Unit Size if liquid (mg/ml)			
Estimated Amount for Year (ml if liquid, grams if solid)			

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12. List **ALL** individuals participating in the functions for which the Authorization was approved. IF NOT PREVIOUSLY AUTHORIZED, HAVE EACH **NEW PERSON** ALSO COMPLETE ITEM 13 BELOW.

Name:	<input type="text"/>	Title:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>

In addition to listing in #12, please complete (Item 13) for each **new** authorized individual **only**. (Duplicate page as necessary.)

13. ACKNOWLEDGMENT OF PARTICIPATION IN SPECIAL USE AUTHORIZATION #:

Name of New Individual:

Title:

Qualifications:

I acknowledge participation in activities authorized under this Special Use Authorization and agree to comply with all Federal and State regulations governing such activities.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of New Individual (**Print and Sign Form**) Date

14. Under penalty of Wisconsin Statute 961.43,* I declare that the statements contained herein are true and correct to the best of my knowledge and belief; and the authorization herein applied for is to cover only the person(s) indicated at the location specified and only for the controlled substances in the amounts authorized.

IMPORTANT: The applicant must maintain current and accurate records of all receipts and dispositions of controlled substances obtained pursuant to the issuance of the authorization.

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature of Applicant (person listed in item 1 on page 1) Date
(**Print and Sign Form**)

*Under Wisconsin Statute 961.43, all statements must be true and correct:

- “(1) It is unlawful for any person:
- (a) To acquire or obtain possession of a controlled substance by misrepresentation, fraud, forgery, deception or subterfuge;
 - (b) Any person who violates this section may be fined not more than \$30,000 or imprisoned not more than four years or both

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ALL APPLICANTS MUST COMPLETE THIS SECTION:

CERTIFICATION OF LEGAL STATUS:

I declare under penalty of law that I am (check one):

- A citizen or national of the United States, or
- A qualified alien or nonimmigrant lawfully present in the United States who is eligible to receive this professional license or credential as defined in the Personal Responsibility and Work Opportunities Reconciliation Act of 1996, as codified in 8 U.S.C. §1601 et. Seq. (PRWORA). For questions concerning PRWORA status, please contact the U.S. Citizenship and Immigration Services in the Department of Homeland Security at 1-800-375-5283 or online at <http://www.uscis.gov>.

Should my legal status change during the application process or after a credential is granted, I understand that I must report this change to the Wisconsin Department of Safety and Professional Services immediately.

CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect, or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Signature:

(Print and Sign Form)

Date: / /