

Safety and Risk Management Office

WCU Notification of Controlled Substance Registration Form

Instructions: Fill in the information and email the form to the [Safety and Risk Management Office](#)

Principal Investigator/Registrant: _____

Office Location: _____ Phone Number: _____ Email: _____

Location where controlled substance will be used: _____

Location where controlled substance will be stored: _____

Controlled Substance Name: _____

DEA Schedule Number(s): _____

Search the lists of Schedule Controlled Substances on the DEA website

<https://www.deadiversion.usdoj.gov/schedules/index.html>

DEA Drug Code Number(s): _____

Check your registration status below:

_____ NEW APPLICATION registration with NDCU (North Carolina Drug Control Unit) and USDEA

_____ RENEWAL APPLICATION with NDCU

_____ RENEWAL APPLICATION WITH USFH U _____ :

Registration Number: _____ Expiration Date: _____

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Summary description of how the controlled substance will be used: _____