

Instructions for completing DEA Form 253 New CSOS Power of Attorney Certificate Application

This application is for Powers of Attorney (POA) of DEA Registrants who wish to obtain a CSOS POA Certificate. The POA applicant must have been granted Power of Attorney to sign controlled substance orders for the DEA Registration(s) identified. The Principal Coordinator/Alternate Coordinator must verify the identity and applicability of the POA applicant in accordance with the DEA CSOS Registrant Agreement.

The information must be **TYPED** with the exception of the signature and the affirmation sections, which must be completed in blue or black ink. All required fields must be completed.

Section 1 – Applicant Information

Field Name	Required or Optional	Information Description
Applicant Last Name	Required	Enter the last name of the applicant.
Applicant First Name	Required	Enter the first name of the applicant.
Applicant MI	Required	Enter the middle initial of the applicant.
Applicant Social Security Number	Required	Enter the Social Security Number of the applicant. This information will be kept private and used for internal purposes as stated in privacy policy.
Applicant Business Phone Number	Required	Enter the business phone number for the applicant. This phone number will be kept private and will be used only when necessary for correspondence concerning your CSOS application or CSOS digital certificate.
Applicant E-Mail Address	Required	Enter the business email address for the applicant. This email address will be kept private and will be used for correspondence concerning your CSOS application or CSOS
Applicant Mother's Maiden Name	Required	Enter mother's maiden name of the applicant. This information will be kept private and used for security purposes.
DEA Registration Num	Required	Enter the DEA Registration Number for which a CSOS Certificate shall be issued. The number entered on the application MUST appear as it does on the registrant's DEA Registration Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.

Field Name	Required or Optional	Information Description
DEA Registration Name	Required	Enter the name of the DEA Registered location as it appears on the DEA 223 Certificate. Inconsistency between the application and the registration certificate will result in approval delays or denial.

Section 2 – Applicant Signature

Field Name	Required or Optional	Information Description
Applicant Signature	Required	The applicant must sign the application using blue or black ink. The party signing this application must be the same party listed in section 1 – Applicant Information (First Name /Last Name/MI).

Section 3 – DEA Registrant/CSOS Coordinator Affirmation of Applicant Identity Verification

Field Name	Required or Optional	Information Description
DEA Registrant/CSOS Coordinator Signature	Required	Signature of Principal Coordinator or Alternate Coordinator responsible for the DEA Registration(s) identified, or the DEA Registrant if the registrant is serving the role of Principal Coordinator. By signing this block, the Principal Coordinator/Alternate Coordinator attests to verifying the identity and applicability of the applicant identified in Section 1 in accordance with the DEA CSOS Registrant Agreement
Last Name (Print)	Required	Printed last name of Principal Coordinator/Alternate Coordinator
First Name (Print)	Required	Printed first name of Principal Coordinator/Alternate Coordinator

Warning: When the applicant signs the application, he/she is stating that he/she has read, understands, and agrees to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement and Certificate. He/She is certifying that the information, statements and representations provided by him/her on the application are true and accurate to the best of his/her knowledge. He/She understands that presenting false information is a criminal offense and is punishable by law. Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

CSOS Power Of Attorney Certificate Application

This application is for individuals who hold valid Power of Attorney to obtain and sign Schedules I and/or II controlled substance orders for the DEA Registrant(s) identified. Prior to submitting this application either a CSOS DEA Registrant Certificate Application (form 251) or the CSOS Principal Coordinator\ Alternate Coordinator Certificate Application (form 252) must have been submitted for the DEA Registrant(s) identified. Read instructions before completing.

Section 1 – Applicant Information

Applicant Last Name		
Applicant First Name		
MI	Applicant SSN Number	Applicant Bus. Phone
Applicant E-Mail Address		
DEA Registration No.	DEA Registrant Name	
Security Code (e.g. Mother's Maiden Name) <i>Letters only. Remember this code to ensure proper identification when you call.</i>		No. of Addendums

Section 2 – Applicant Signature

By signing this document, I am stating that I have read, understand and agree to abide by the rules and regulations contained in the Controlled Substance Ordering System Subscriber Agreement. I am also certifying that the information, statements, and representations provided by me on this form are true and accurate to the best of my knowledge. I understand presenting false information is a criminal offense and is punishable by law.

Section 843(a)(4)(A) of Title 21, United States Code, states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to imprisonment for not more than four years, a fine of not more than \$30,000.00 or both.

Applicant Signature _____ **Date** _____

Section 3 – DEA Registrant/CSOS Coordinator Affirmation of Applicant Identity Verification

As DEA Registrant, CSOS Principal Coordinator, or CSOS Alternate Coordinator for the DEA Registrant(s) identified I hereby affirm that I have verified the identity and authorization of the applicant in accordance with the DEA CSOS Registrant Agreement.

DEA Registrant/CSOS Coordinator Signature _____ **Date** _____

Last Name (Print)

First Name (Print)