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| Completed Internet Form - NOT FOR SUBMISSION<br>DEA/Control Number: W26083101C<br>Submission Date: Fri Jun 12 10:50:11 EDT 2026                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   | APPLICATION FOR REGISTRATION UNDER<br>CONTROLLED SUBSTANCES ACT OF 1970 |  | Form DEA 224<br>Completed Internet Receipt.<br>NOT FOR SUBMISSION                           |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| NAME: Applicant or Business (LAST)<br>ROBBINS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | (First, MI)<br>ERIC                                                     |  | Application Complete.<br>Tracking Number: 15251816<br>Fee Paid: 888                         |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| TAX IDENTIFYING NUMBER and/or                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   | SOCIAL SECURITY NUMBER<br>XXX-XX-XX73                                   |  | For more information regarding<br>SSN/TIN, See Note 3 under<br>ADDITIONAL INFORMATION below |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| PROPOSED BUSINESS ADDRESS. (When entering a P.O. box, you are required to enter a street address)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| 22 S GREENE ST                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| UNIVERSITY OF MARYLAND MEDICAL CENTER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| CITY BALTIMORE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |   | STATE MD                                                                |  | ZIP CODE 21201                                                                              |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| APPLICANT'S BUSINESS PHONE NUMBER 4103282488                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   | POC CELL PHONE NUMBER 3392038046                                        |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| POC NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   | POC EMAIL ADDRESS EWROBBINS@OUTLOOK.COM                                 |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| REGISTRATION CLASSIFICATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| BUSINESS ACTIVITY: PRACTITIONER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |   |                                                                         |  | INDICATE HERE IF YOU REQUIRE<br>ORDER FORMS. N                                              |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| Drug Schedules: 2 2N 3 3N 4 5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| State License/Liability Information                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| You must be 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. Failure to provide VALID and ACTIVE state licenses will be cause to declare the application as defective and it will be withdrawn <b>WITHOUT refund</b> .                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| State License No. D0104595                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |   | State: MD                                                               |  | Expire Date: 09-30-2027                                                                     |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| State Controlled License No. M127374                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |   | Expire Date: 05-31-2029                                                 |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |
| <table border="1"> <tr> <td>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?</td> <td>N</td> </tr> <tr> <td>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?</td> <td>N</td> </tr> <tr> <td>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?</td> <td>N</td> </tr> <tr> <td>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?</td> <td>N</td> </tr> </table> |   |                                                                         |  |                                                                                             |  | 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 |
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| Registration Fee: Registration Fee Paid: 888                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |   |                                                                         |  |                                                                                             |  |                                                                                                                                                                                                                                                                   |   |                                                                                                                                                                               |   |                                                                                                                                                                                                                           |   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |

|                                                 |  |                             |  |
|-------------------------------------------------|--|-----------------------------|--|
| Certification for Fee Exemption (if applicable) |  |                             |  |
| Certifying Official's Name                      |  | Certifying Official's Title |  |
| Certifying Official's Phone                     |  | Certifying Official's Email |  |
| Name of Fee Exempt Institution                  |  |                             |  |

|                                          |                                     |                                                  |      |
|------------------------------------------|-------------------------------------|--------------------------------------------------|------|
| Practitioner Information (if applicable) |                                     |                                                  |      |
| National Provider ID                     | 1417570656                          | Professional Degree                              | MD   |
| Date of Birth                            | 05-28-1988                          | Graduation Year<br>(Medical/Professional School) | 2020 |
| Medical/Professional School              | TUFTS UNIVERSITY SCHOOL OF MEDICINE |                                                  |      |

|                                      |   |   |    |   |    |   |   |    |
|--------------------------------------|---|---|----|---|----|---|---|----|
| Manufacturer Details (if applicable) |   |   |    |   |    |   |   |    |
| Category/Schedule                    | 1 | 2 | 2N | 3 | 3N | 4 | 5 | L1 |
| Bulk, Synthesizer - Extractor        |   |   |    |   |    |   |   |    |
| Dosage Form                          |   |   |    |   |    |   |   |    |
| Repacker - Relabeler                 |   |   |    |   |    |   |   |    |
| Non-Human Consumption                |   |   |    |   |    |   |   |    |

## ATTESTATION QUESTIONS

1. Do you hold a board certification in addiction psychiatry or addiction medicine from one of the following associations; American Board of Medical Specialties, American Board of Addiction Medicine, American Osteopathic Association?

☐ Yes      ☒ No

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2. Have you graduated, in good standing, from an accredited school of allopathic medicine, osteopathic medicine, dental surgery, dental medicine, physician assistant, or advance practice nursing in the United States during the 5-year period immediately preceding the date on which you first submitted a registration or renewal and the curriculum included not less than 8 hours of training?\*\*\*

☐ Yes      ☒ No

\*\*\*      A. Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of opioid use disorder or

B. The safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders

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3. Have you completed not less than 8 hours of training with one or more of the following from the approved training requirements?\*\*\*

☒ Yes      ☐ No

\*\*\*      The American Society of Addiction Medicine, the American Academy of Addiction Psychiatry, the American Medical Association, the American Osteopathic Association, the American Dental Association, the American Association of Oral and Maxillofacial Surgeons, the American Psychiatric Association, or any other organization accredited by the Accreditation Council for Continuing Medical Education (ACCME) of the Commission for Continuing Education Provider Recognition (CCEPR)

**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: ERIC WILLIAM ROBBINS

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

Form 224 Approved OMB Form No. 1117-0014 Expires: 06/30/2026(12 minutes)

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 (See Above). Public reporting burden for this collection of information is estimated to average (See Above) 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 (31 U.S.C. §7701) requires that you furnish your Taxpayer Identification Number (TIN) or Social Security Number (SSN) on this application. This number is required for debt collection procedures if your fee is not collectible.
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.