 **CONTROLLED SUBSTANCES**

 **SCHEDULES I & II**

 **POWER OF ATTORNEY**

Pursuant to Title [21 CFR 1305.05](https://www.deadiversion.usdoj.gov/21cfr/cfr/1305/1305_05.htm), a DEA registrant may authorize one or more individuals, whether or not located at his or her registered location, to issue orders for Schedule I and II controlled substances on the registrant's behalf by executing a power of attorney for each such individual, if the power of attorney is retained in the files, with executed Forms 222 where applicable, for the same period as any order bearing the signature of the attorney. The power of attorney must be available for inspection together with other order records. A registrant may revoke any power of attorney at any time by executing a notice of revocation.

The following form must be completed as instructed below and submitted to the Program Manager at nsgonzalez@westernu.edu.

**Power of Attorney for DEA Forms 222 and Electronic Orders**

(Name of registrant)

(Address of registrant)

(DEA registration number)

I, \_\_\_\_ (name of person granting power), the undersigned, who am authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or Controlled Substances Import and Export Act, have made, constituted, and appointed, and by these presents, do make, constitute, and appoint \_\_\_\_ (name of attorney-in-fact), my true and lawful attorney for me in my name, place, and stead, to execute applications for Forms 222 and to sign orders for Schedule I and II controlled substances, whether these orders be on Form 222 or electronic, in accordance with 21 U.S.C. 828 and Part 1305 of Title 21 of the Code of Federal Regulations. I hereby ratify and confirm all that said attorney must lawfully do or cause to be done by virtue hereof.

(Signature of person granting power)

I, \_\_\_\_ (name of attorney-in-fact), hereby affirm that I am the person named herein as attorney-in-fact and that the signature affixed hereto is my signature.

(signature of attorney-in-fact)

Witnesses:

1. \_\_\_\_\_\_

2. \_\_\_\_\_\_

Signed and dated on the \_\_\_\_ day of \_\_\_\_, (year), at \_\_\_\_ .

**Notice of Revocation**

The foregoing power of attorney is hereby revoked by the undersigned, who is authorized to sign the current application for registration of the above-named registrant under the Controlled Substances Act or the Controlled Substances Import and Export Act. Written notice of this revocation has been given to the attorney-in-fact \_\_\_\_ this same day.

(Signature of person revoking power)

Witnesses:

1. \_\_\_\_\_\_

2. \_\_\_\_\_\_

Signed and dated on the \_\_\_\_ day of \_\_\_\_, (year), at \_\_\_\_.