



**MARYLAND DEPARTMENT OF HEALTH - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA)**

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(Revised: 9/16/20)

ESTABLISHMENT APPLICATION	CDS APPLICATION FOR 3-YEAR REGISTRATION	CDS #:
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I. Federal Establishments

Effective April 21, 2014, the Office of Controlled Substances Administration ("OCSA") discontinued issuing CDS Registrations to Federal establishments and to practitioners and researchers that practice within a Federal facility or on Federal property. Please do not mail in the CDS application with a Federal business address. The CDS application will be returned without a refund of the application fee.

FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION

Processor Initials: _____

Date: ____/____/____

Note:

Do Not Write In This Section.

SEE INSTRUCTIONS ATTACHED. COMPLETE ALL SECTIONS 1, 2 AND 3 BELOW. SIGN, DATE APPLICATION AND INCLUDE PAYMENT. APPLICATIONS TORN IN HALF, INCOMPLETE OR WITHOUT PAYMENTS WILL BE RETURNED, WHICH DELAYS PROCESSING. **REQUIRED:** UPDATED ESTABLISHMENT QUESTIONNAIRE (EQ) OR COPY OF APPROPRIATE LICENSE (L) AND EMAIL ADDRESS FOR RENEWAL NOTIFICATION. * **KEEP A COPY OF APPLICATION.**

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

A. CLASSIFICATION - Check only one box . For lawful registration, separate application required for each Establishment Classification.

Automatic Dispensing Systems (II-V) (L) Animal Control Facility (II-III) (L) Assisted Living Facility (II-V) (L) Clinics (II-V) (L)(EQ) Drug/Alcohol Programs (II-V) (L) Hospital (Human/Animal) (II-V) (L) Long Term Care (II-V) (L) Methadone (II-V) (L) Pharmacy (II-V) (L)	<p align="center">Check which Schedules Apply: I II III IV V</p> Distributor (L)(EQ) Exporter (L)(EQ) Importer (L)(EQ) Manufacturer (L)(EQ) Laboratory-Analytical (EQ) Law Enforcement Agency-K-9 (EQ)
Non Resident Pharmacy (II-V) (EQ)	

B. FEE PAYMENT DETAILS	FOR OFFICE USE ONLY	C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES
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(Fee Payable to MDH-OCSA)		App. Receive Date: / /		CHECK TYPE: State Local (Agency Unit Code):
TYPE	FEE	Deposit Date: / /		Agency/Institution Name
Renewal**	\$120	Check/Mo #:		Division/Department
New	\$120	Check/Date:		Agency/Institution Business Address
Address Change Only	\$50	Processor Initials:		Contact Telephone #
Name Change Only	\$50	Do Not Write In This Section.		Print Certifier Name
Duplicate CDS Permit	\$30			Date: / /
Change of Ownership	\$144			(Signature of Certifier)
Closing	\$0			
(Fees are Non-Refundable.)				
**No additional fee for Name or Address change at time of renewal.				

SECTION 2: APPLICANT DETAILS

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Establishment Name/DBA		A. Health Occupational Board, OHCQ, Other License #:	Expiration Date: / /
B. Responsible Person Name (print)	(First) (Middle) (Last)	B. Federal DEA #:	Expiration Date: / /
C. Title		C. Tax ID Number:	
D. Business Address	City/State/Zip County	D. Has your federal, State or Health Occupational license ever been denied, suspended, restricted, revoked, reprimanded, or placed on probation?	Yes No
E. Mailing Address	City/State/Zip (If different than D)	E. Has the responsible person ever been convicted of a violation of law pertaining to CDS?	Yes No
F. Telephone Nos.	Business No.: Fax No. (Required): Alternate or Cell No.:	F. Have restrictions been placed on the entity's handling of CDS?	Yes No
G. Email* (Required)		If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.	
		Please provide the effective date for a change of ownership, relocation of facility, and/or name change: Please contact OCSA if the effective dates changes from the original date provided.	
		SIGNATURE OF RESPONSIBLE PERSON:	DATE: / /

Your signature attests to the fact that the information provided is accurate. It is the sole and continuing responsibility of the CDS Registrant to ensure the Office of Controlled Substances Administration (OCSA) has the correct and current address information on file for the issued CDS Registration.