



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

4201 Patterson Avenue – 5th Fl., Baltimore, Maryland 21215

Website: <https://health.maryland.gov/ocsa> ■ Email: Maryland.OCSA@maryland.gov

Main Office: (410) 764-2890 ■ Fax: (410) 358-1793 ■ Customer Service: (410) 764-5910, (410) 764-7980, (410) 764-4159

(Revised: 4/26/18)

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

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.