



MARYLAND DEPARTMENT OF HEALTH - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA)
ESTABLISHMENT INSTRUCTIONS (Revised April 26, 2018)

Office of Controlled Substances Administration Website: <http://health.maryland.gov/OCSA>

GENERAL DIRECTIONS:

New--Online CDS Renewal Application:

Applicants can renew their CDS registration up to 60 days before or 30 days after the expiration date listed on the certificate. The OCSA determines if your CDS registration is eligible for a 3-year registration at the time of renewal. The fee for a 3-year renewal is \$120. To renew a CDS registration go to the **Office of Controlled Substances Administration's (OCSA) Online Controlled Dangerous Substances (CDS) Renewal Service.** <https://egov.maryland.gov/mdh/cds>.

I. Federal Establishments, Practitioners and Researchers

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.**

Mail-In Application:

Application Sections 1, 2 and 3 must be completed, signed and dated. Applications torn in half, incomplete or without payments will be returned, which delays CDS issuance. **Allow approximately 4 to 5 business weeks for the entire process to be completed, including mailing of permit** (does not include holidays and other State closings). OCSA can grant active CDS status for applicants to practice or conduct business relative to CDS, until the division takes final action on the application. (Contact OCSA at 410-764-2890 for details.) Application status can be checked at: <http://health.maryland.gov/OCSA> - click: CDS Search or GOOGLE: Maryland CDS Search. If OCSA verification web page states "pending," contact OCSA for follow-up.

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

A. ESTABLISHMENT CLASSIFICATION

- 1) Check only one box () for the type of establishment classification for which you are requesting registration/certification.
- 2) A separate application must be completed for each establishment type.
- 3) Submit required license and documentation for Establishment for which requesting registration/certification, such as:

(a.) Health Occupational Board License (L)	(c.) U.S. Food & Drug Administration License (FDA)
(b.) Office of Health and Quality Care License (OHCQ)	(d.) Establishment Questionnaire (EQ) Print (EQ) from website

NOTE: OCSA issues CDS Registrations to qualified individual Researchers only. Therefore, renewal and new CDS Registrations for establishments must be issued to a qualified researcher at the facility.

B. Payment Details

Select type of application by checking the box () next to the amount for that type. Check/money order must be dated, made payable to MDH-OCSA, signed, written number amount must match the numerical amount, and **APPLICATION FEES ARE NON-REFUNDABLE FOR PARTIAL OR FULL REGISTRATIONS.** The registration fee can not be changed on the CDS application. **Do not send application without check or check without application.**

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| <ol style="list-style-type: none"> 1) Renewal and New (3-Year \$120): Additional fees for Address and Name Changes are not required at time of renewal. For new CDS, a tentative processing # is given until OCSA issues permanent CDS #. The Temp # cannot be used to apply for the DEA's registration. An additional permit is required for each location where CDS is administered, stored, dispensed, manufactured, imported, and exported. 2) Address Change (\$50): Application must be submitted whenever there is a change of address printed on the CDS permit but will not be approved until inspection has been passed and/or change is made with respective MDH Professional Board. Registrants must take affirmative steps to notify the OCSA of address changes. 3) Mailing Address Change (\$0): No fee for changing address. 4) Name Change (\$50): Submit a copy of the establishment license that reflects the name change.. | <ol style="list-style-type: none"> 5) Duplicate (\$30): Please check OCSA on-line web site to confirm expiration date prior to submitting application and fee. Application and fee submitted for expired permit will be denied and fee is non-refundable. 6) Change of Ownership (\$144): Inspection must be conducted by the MDH State Board(s) or OCSA as appropriate prior to the approval. The supporting MDH State establishment license and the original CDS must be immediately submitted to DDC after the ownership change is finalized. 7) Closing (\$0): No fee. OCSA will require and give notification for closing inspection for in-state establishments. Out-of-state establishments must surrender the original CDS to OCSA within 10 CALENDAR DAYS, and include notice of how and to whom CDS was transferred or disposed of. |
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C. Fee Exempt Details

Check the box () next to State or Local Government. Certifying Official must list Agency Unit Code to verify registrant is paid by government for fee-exempt status. OCSA issues fee exempt registrations to State and Local Government facilities or institutions. Certifying details, signature and date must be listed, authorizing CDS is handled at exempt location only.

SECTION 2: APPLICANT DETAILS

- A-D.** List full name, title and address of business where the CDS Registration will be used and full name of responsible person. List (city/county) within which the business is located. A post office (PO) box is not acceptable. If preferred, include a mailing address where the CDS is to be mailed, if different from the business address. OCSA must be able to ascertain at all times that an

application and fee with the correct and current address are received for each separate place of business, professional practice or location for which each registration is required.

- E-G.** List business telephone, fax (**required**), and alternate telephone numbers, such as mobile/cell, and **email address required** for follow-up and renewal notice purposes.

SECTION 3: PROFESSIONAL LICENSE DETAILS

- A-C.** List the required license and expiration date for the profession for which you are requesting registration. List the Federal Tax I.D. # and Federal DEA Permit # and expiration dates. If the DEA is pending the issuance of the CDS, please list "pending".
- D-F.** Answer Questions D, E, F pertaining to your Professional License. Do not skip any question. Answer "yes" or "no" to each question. If the answer is yes to any question, submit a detailed explanation and copies of pertinent and supporting documentation.

*** List the effective date for the change in ownership, relocation of facility, and or establishment name change.-----

Signature and Date (Required): Sign and date the application. No signature and date will determine your application to be "incomplete" and delayed. (Your signature attests to the fact that the information provided is accurate.)