



**DEPARTMENT OF HEALTH**

*Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Acting Secretary*

Office of Provider Engagement and Regulation (OPER)  
**Office of Controlled Substances Administration (OCSA)**

1223 West Pratt Street  
Baltimore, Maryland 21223  
Sandra Yankosky, Acting Deputy Director

**Surrender of Maryland Controlled Dangerous Substances Registration**

I, \_\_\_\_\_, hereby voluntarily surrender my Maryland Controlled Dangerous Substances (CDS) Registration. I understand that submission of this document, along with my most current CDS registration certificate, to the Office of Controlled Substances Administration (OCSA) shall result in the immediate termination of my CDS registration and, as of the date of my signature below, I acknowledge that I will no longer be authorized to prescribe, administer, dispense, distribute, store, or manufacture CDS in Maryland. I also acknowledge that I have legally transferred or disposed of any CDS in my possession. I understand that I am not entitled to a refund of any fees I paid in connection with my CDS registration.

_____	_____	_____
Printed Name of Registrant	Signature of Registrant	Date
_____		_____
Address of Registrant		CDS Registration Number