

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

Office of Provider Engagement and Regulation (OPER)

Office of Controlled Substances Administration (OCSA)

1223 West Pratt Street

Baltimore, Maryland 21223

Kimberly Hiner, MPH, Director

Surrender of Maryland Controlled Dangerous Substances Registration

I,	, hereby voluntarily surrender my Maryland Controlled Dangerous		
Substances (CDS) Regis	tration. I understand that submis	ssion of this document, along with 1	ny
most current CDS registr	ration certificate, to the Office of	Controlled Substances Administrati	on
(OCSA) shall result in the	e immediate termination of my Cl	DS registration and, as of the date of 1	ny
signature below, I acknow	owledge that I will no longer b	be authorized to prescribe, administ	er,
dispense, distribute, store	, or manufacture CDS in Marylan	d. I also acknowledge that I have lega	lly
transferred or disposed of	any CDS in my possession. I und	erstand that I am not entitled to a refu	nd
of any fees I paid in conn	ection with my CDS registration.		
Printed Name of Registrant	Signature of Registrant	Date	
Address of Registrant		CDS Registration Number	