



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

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

Office of Controlled Substances Administration • 1223 W. Pratt Street • Baltimore, Maryland 21223
410-764-2890 • Fax 410-358-1793 • TTY for Disabled - Maryland Relay Service 1-800-735-2258
Toll Free 1-877-4MD-DHMH • Web Site: www.health.maryland.gov/OCSA