



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

OCSA NON-RESIDENT ESTABLISHMENT QUESTIONNAIRE

Establishment Name (dba) _____
Address _____
City _____ State _____ Zip Code _____
Telephone _____ Fax. _____
Maryland CDS Registration Number _____ Exp. Date _____
Maryland Pharmacy/Distributor Permit Number _____ Exp. Date _____
Resident State License or Permit Number _____ Exp. Date _____
DEA Registration Number _____ Exp. Date _____
Hours of Operation M-F _____ Sat. _____ Sun. _____

1. Person responsible for accountability of CDS at the establishment. *Include job title and/or professional title and/or educational degree.*

2. Brief description of the type of work conducted using CDS.

3. What schedules (CI,CH,CII,CIV,CV) of CDS are shipped/delivered to Maryland establishments/patients?

4. Provide the name, address and phone number for ALL Maryland establishments that purchase/take possession of CDS from your establishment. *Pharmacies that only dispense CDS prescriptions to Maryland patients may skip this item and proceed to item 5. DO NOT provide the name of any patients for which CDS are dispensed.*

5. Describe the procedures employed to ensure secure delivery and receipt of CDS to Maryland establishments/patients.

6. List all licenses/permits/registrations issued by your state's regulatory agencies and/or licensing boards that have oversight of CDS dispensing and/or distribution. Provide the date and findings of your most recent inspection by those agencies and/or boards.

NOTE: Please ensure that all questions have been answered completely. Incomplete answers and missing information will result in a delay in the processing of your CDS application.

Signature of Applicant _____ Date _____

Print Name of Applicant _____

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