MARYLAND DEPARTMENT OF HEALTH - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA)

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(Revised: 9/8/2022)

I. Federal Establishments
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.**

FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION	**Processor Initials:** _____ Date:____/_____/____ **Note:**

Do Not Write In This Section.

SEE INSTRUCTIONS ATTACHED. COMPLETE ALL SECTIONS 1, 2 AND 3 BELOW. SIGN, DATE APPLICATION AND INCLUDE PAYMENT. APPLICATIONS TORN IN HALF, INCOMPLETE OR WITHOUT PAYMENTS WILL BE RETURNED, WHICH DELAYS PROCESSING. **REQUIRED:** UPDATED ESTABLISHMENT QUESTIONNAIRE (EQ) OR COPY OF APPROPRIATE LICENSE (L) AND EMAIL ADDRESS FOR RENEWAL NOTIFICATION.* **KEEP A COPY OF APPLICATION.**

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

A. CLASSIFICATION - Check only one box ☑. For lawful registration, separate application required for each Establishment Classification.

- ☐ Automatic Dispensing Systems (II-V) **(L)**
- ☐ Animal Control Facility (II-III) **(L)**
- ☐ Assisted Living Facility (II-V) **(L)**
- ☐ Clinics (II-V) **(L)(EQ)**
- ☐ Drug/Alcohol Programs (II-V) **(L)**
- ☐ Hospital (Human/Animal) (II-V) **(L)**
- ☐ Long Term Care (II-V) **(L)**
- ☐ Methadone (II-V) **(L)**
- ☐ Pharmacy (II-V) **(L)** ☐ Non ResidentPharmacy (II-V) **(EQ)**

Check which Schedules Apply:

	I	II	III	IV	V
☐ Distributor **(L)(EQ)**	☐	☐	☐	☐	☐
☐ Exporter **(L)(EQ)**	☐	☐	☐	☐	☐
☐ Importer **(L)(EQ)**	☐	☐	☐	☐	☐
☐ Manufacturer **(L)(EQ)**	☐	☐	☐	☐	☐
☐ Laboratory-Analytical **(EQ)**	☐	☐	☐	☐	☐
☐ Law Enforcement Agency-K-9 **(EQ)**	☐	☐	☐	☐	☐

B. FEE PAYMENT DETAILS

(Fee Payable to MDH-OCSA)

TYPE	*FEE*
Renewal**	☐ $120
New	☐ $120
Address Change Only	☐ $50
Name Change Only	☐ $50
Duplicate CDS Permit	☐ $30
Change of Ownership	☐ $144
Closing	☐ $0

(Fees are Non-Refundable.)
****No additional fee for Name or Address change at time of renewal.**

FOR OFFICE USE ONLY

App. Receive Date: / /
Deposit Date: / /
Check/Mo #:
Check/Date:
Processor Initials:
Do Not Write In This Section.

C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES

CHECK TYPE: ☐ ***State*** ☐ ***Local*** ***(Agency Unit Code):***

Agency/Institution Name	
Division/Department	
Agency/Institution Business Address	
Contact Telephone #	
Print Certifier Name	
Date: / /	(Signature of Certifier)

SECTION 2: APPLICANT DETAILS

A. Establishment Name/DBA	
B. Responsible Person Name (**print**)	(First)
	(Middle)
	(Last)
C. Title	
D. ***Business*** Address	
City/State/Zip	
County	
E. ***Mailing*** Address	
City/State/Zip *(If different than D)*	
F. Telephone Nos.	Business No.:
	Fax No.(**Required**):
	Alternate or Cell No.:
G. Email* **(Required)**	

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Health Occupational Board, OHCQ, Other License #: Expiration Date: / /

B. Federal DEA #: Expiration Date: / /

C. Tax ID Number:

D. Has your federal, State or Health Occupational license ever been denied, suspended, restricted, revoked, reprimanded, or placed on probation? ☐**Yes** ☐**No**

E. Has the responsible person ever been convicted of a violation of law pertaining to CDS? ☐**Yes** ☐**No**

F. Have restrictions been placed on the entity's handling of CDS? ☐**Yes** ☐**No**

If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.

***Please provide the effective date for a change of ownership, relocation of facility, and/or name change:
Please contact OCSA if the effective dates changes from the original date provided.***

SIGNATURE OF RESPONSIBLE PERSON: **DATE:** / /

Your signature attests to the fact that the information provided is accurate. It is the sole and continuing responsibility of the CDS Registrant to ensure the Office of Controlled Substances Administration (OCSA) has the correct and current address information on file for the issued CDS Registration.