MARYLAND DEPARTMENT OF HEALTH - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA)
1223 W. Pratt Street, Baltimore, Maryland 21223
OCSA Website: https://health.maryland.gov/ocsa ◘ OCSA Email: Maryland.OCSA@Maryland.Gov
Main Office: (410) 764-2890 ◘ Fax: (410) 358-1793
(Revised: 9/8/2022)

PRACTITIONER APPLICATION	CDS APPLICATION FOR 3-YEAR REGISTRATION	CDS #:

FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION	Processor Initials: _____ Date:____/_____/____ Note:	Do Not Write In This Section.

I. SEE INSTRUCTIONS ATTACHED. COMPLETE ALL SECTIONS 1, 2, 3, 4 AND 5. SIGN, DATE APPLICATION AND INCLUDE PAYMENT. APPLICATIONS TORN IN HALF, INCOMPLETE OR WITHOUT PAYMENTS WILL BE RETURNED, WHICH DELAYS PROCESSING. **REQUIRED:** UPDATED DELEGATION AGREEMENT, RESEARCHER QUESTIONNAIRE, DOCUMENTATION LISTED IN INSTRUCTIONS, AND EMAIL ADDRESS FOR RENEWAL AND OTHER INFORMATION DISSEMINATION NOTIFICATION. * **KEEP A COPY OF APPLICATION.**

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

A. CLASSIFICATION-Check only one box ☑: ☐ **BDS** ☐**MD** ☐**DDS** ☐**DMD** ☐**DO** ☐**DPM** ☐**DVM** ☐**VMD** ☐**CRNP** ☐**CNM** ☐**EMS/Med.Dir.**

☐**PA: _____ Primary Supervising Physician Name (Required)** (By signing this application attest to having the CDS Prescriptive Authority approval on file)

☐**Researcher Schedule I (Prior DEA approval)** ☐**Researcher Schedules II, III, IV, V (All Researchers must submit a Researcher Questionnaire.)**

See instructions for other documentations required. Lawful registration requires separate application for each Profession.

B. FEE PAYMENT DETAILS		FOR OFFICE USE ONLY	C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES	
(Fee Payable to MDH-OCSA)		App. Receive Date: / /	*CHECK TYPE:* ☐*State* ☐*Local* *Start Date for New Employment:* / /	
TYPE	*FEE*	Deposit Date: / /	Agency/Institution Name	
Renewal**	☐ $120	Check/Mo #:		
New	☐ $120	Check Date:	Division/Department	
Address Change Only	☐ $50	Processor Initials:	Agency/Institution Business Address	
Name Change Only	☐ $50	**Do not write in this section.**		
Duplicate CDS Permit	☐ $30		Contact Telephone #	
Discontinuation (List Reason):	☐ $0		Print Certifier Name	
			Title of Certifier	
			Date: / /	
(Fees are Non-Refundable.)			(Signature of Certifier)	

****No fee for name/address change at time of renewal.**

SECTION 2: APPLICANT DETAILS

A. Name (**print**)	(First)
	(M.I.)
	(Last)
B. Physical Business Name:	
C. Maryland Physical Business Address (Triggers Inspection if Not Provided)	
Street:	**Ste/Rm #:**
City/State/Zip Code:	
D. Mailing Address	
City/State/Zip	
E. Home Address	
City/State/Zip	
F. Telephone Nos.	Business No.: ( ) - Fax No.:( ) - Alternate/Cell No.: ( ) -
G. **Email* (Required)**	

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Professional License #:	Expiration Date: / /
B. Federal DEA #:	Expiration Date: / /

C. Social Security or Tax ID#:

D. Is your professional license currently or has it ever been denied, suspended, restricted, revoked reprimanded or placed on probation?
☐ **Yes** ☐ **No**

E. Is your license currently under any restriction or on probation for reasons related to CDS by a Health Occupations Board, a State or federal agency? ☐ **Yes** ☐ **No**

F. Has there been adverse action taken against your Professional license in another state/country? ☐ **Yes** ☐ **No**

G. Have you ever been convicted of a felony violation or a violation pertaining to your profession? ☐ **Yes** ☐ **No**

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

SECTION 4: MANDATORY PRESCRIPTION DRUG MONITORING PROGRAM (PDMP) REQUIREMENT

All CDS prescribers must be registered with the Prescription Drug Monitoring Program PDMP prior to obtaining a CDS registration. To register with PDMP, go to CRISP website at https://crisphealth.org/. Submit to OCSA the PDMP email confirmation that includes the confirmation code number. If you no longer have access to your confirmation code, please contact CRISP on their website above or by phone (877) 952-7477.

List the PDMP Confirmation Code _____

SECTION 5: MANDATORY CDS CONTINUING EDUCATION (CME) REQUIREMENT

(HB 1452 – "Controlled Dangerous Substances Registration – Authorized Providers – Continuing Education")
Authorized providers are required to complete 2 Hours of Continuing Education Relating to Prescribing or Dispensing of Controlled Substances prior to receiving a new or renewal CDS registration certificate.

Attestation:

A. Have you completed the Mandatory 2-Hour Continuing Education (CE) Course relating to Prescribing or Dispensing of Controlled Substances prior to obtaining a Controlled Substances registration? ☐ Yes ☐ No
(Checking either box attests to your compliance or non-compliance with the CE requirement).

B. This CE mandate applies to new applicants and the first renewal registration on or after October 1, 2018

C. This is not a continuing renewal requirement once this mandate is met.

APPLICANT SIGNATURE

I, _____, do solemnly swear and affirm under the penalties of perjury that:
I have personally completed this application; attest to having a CDS Prescription Authority approval with the primary Supervising Physician mentioned on file with the Maryland Board of Physicians; the foregoing information provided to OCSA is accurate; the correct and current address information is file for the issued CDS Registration; the information is complete to the best of my knowledge and belief; and I understand that any misrepresentation may constitute grounds for revoking this CDS Registration.

Signature: _____ **Date: / /**