

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Health Regulations and Licensing Administration
Pharmaceutical Control

INSTRUCTION SHEET FOR APPLICATION FOR REGISTRATION
Under District of Columbia Uniform Controlled Substances Act of 1981

General Information

Please read instruction before completing the application form. Any omitted or illegible information will delay your registration.

Effective immediately, any healthcare provider who is interested in applying for a DC controlled substance registration may do so by going to the below link and submitting an online application:

<https://doh.force.com/dchealthrenewals/s/portal-page>

For Physician Assistant only – upload a copy of your “Physician Assistant Delegation Agreement Form” signed by your supervising physician(s).

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| ▪ Initial and Renewal Biennial Registration: | \$ 130.00 |
| ▪ Duplicate Certificate: | \$ 130.00 |
| ▪ Late Filing Fee: | \$ 35.00 |

Note: FEES ARE NON-REFUNDABLE

You must notify the Pharmaceutical Control office immediately and return your registration if your status changes for any of the following reasons:

- Out of Business
- Do not handle Controlled Substances
- Attached to hospital or other facility and using that facility’s registration number Military, using military number
- Governmental agency, using agency number Out-of-state practitioner
- Retired

SCHEDULES: Please indicate the Controlled Substance Schedules for which you intend to handle.

Schedule I: The drug or other substance has a high potential for abuse; and has no currently accepted medical use in treatment in the United States or the District of Columbia or a lack of accepted safety for use of the drug or other substance under medical supervision.

Schedule II: The drug or other substance has a high potential for abuse; has a currently accepted medical use in treatment in the United States or the District of Columbia or a currently accepted medical use with severe restrictions; and abuse of the drug or other substances may lead to severe psychological or physical dependence.

Schedule III: The drug or other substance has a potential for abuse less than the drugs or other substances in schedules I and II; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

Schedule IV: The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule III; has a currently accepted medical use in treatment in the United States or the District of Columbia; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule III.

Schedule V: The drug or other substance has a low potential for abuse relative to the drugs or other substances in schedule IV; has a currently accepted medical use in treatment in the United States or the District of Columbia.; and abuse of the drug or other substance may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in schedule IV.

ITEM 4: Only District of Columbia government officials are exempt from payment of the registration fee. Fill out “Certification for Fee Exemption” section of this application if you are an officer or employee of a local D.C. agency who is authorized to handle controlled substances.

ITEM 5: The Controlled Substance Registration Application Form should be signed by:

1. The individual practitioner, researcher or instructor or
2. In the case of a manufacturer, distributor, or narcotic treatment program, the officer or employee who is solely responsible for the security, control and accountability of controlled substances.