DC HEALTH
Health Regulation & Licensing Administration

GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR

Government of the District of Columbia
Department of Health
Health Regulations and Licensing Administration
899 North Capitol Street NE, Washington, DC 20002
Mail application to P.O. Box address below
www.dchealth.dc.gov/pcd

Please print clearly in ink and in upper case letters only. Failure to complete all sections and submission of required documentation will result in the delay of license issuance.

CONTROLLED SUBSTANCE REGISTRATION APPLICATION FOR HEALTH PROFESSIONALS

Application Type	**For Official Use Only**
☐ Initial (Provide DC Health Professional License number_____)	Approved:_____ Date: _____

Profession Type
☐ Medicine ☐Physician Assistant ☐ Veterinarian ☐ Naturopathic(only schedule III) ☐ Dentist ☐Nurse Practitioner ☐Podiatrist

Choose Controlled Substance Schedules applicant is applying for:

☐ Schedule I (Required: submit written proof why Schedule I is being requested)
☐ Schedule II ☐ Schedule IIN ☐Schedule III ☐Schedule IIIN ☐ Schedule IV ☐ Schedule V

Applicant Information

_____ _____
Name of Applicant (Legal Name)

_____
Street No. Street Name Suite No.

Mailing Address
☐ Yes ☐No

_____ _____ _____
City State Zip Code

_____ _____
Cell Phone Number E-Mail Address for Applicant

Applicant DC Business Affiliation Information (REQUIRED)

Name of DC Business Affiliation

DC Business Address

Street No. Street Name Suite No.

Mailing Address

☐ Yes ☐ No

City State Zip Code

Work Phone Number Fax Number E-Mail Address

All Applicants must answer the following questions; Any question that does not apply to the applicant must be answered as N/A.

A. Has the applicant been convicted of a felony in connection with controlled substance (CS) under DC, State or Federal Law? ☐Yes ☐No
If the answer is **Yes**, submit a written explanation.

B. Has the applicant ever surrendered or had a controlled substance registration revoked, suspended or denied? ☐ Yes ☐No
If the answer is **Yes**, submit a written explanation.

I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, ALL OF THE STATEMENTS MADE ARE TRUE, COMPLETE, AND CORRECT

Signature of Applicant/authorized Individual Name and Title Date

Submit Application and Fee of $130 made payable to "DC TREASURER" to: **DOH-PHARMACY**
P.O.BOX 37801
WASHINGTON, DC 20013

Note: FEES ARE NON-REFUNDABLE

TO THE APPLICANT:

Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which you are now applying and fine you $1000.00. This certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

I,_____, certify that as of_____, I do not owe more than $100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affair Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me $1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification. I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

_____	_____	_____
Signature of Applicant	*Name*	*Title*

CERTIFICATION OF FEE EXEMPTION

Note: Applicants seeking fee waiver under 22DCMR Chapter 10, Section 1005.1 (a-d) complete the Certification of Fee Exemption Form

Pursuant to 22DCMR Chapter 10, Section 1005.1 (a-d) states:

The Director shall exempt from payment of a fee for registration or reregistration, any official employee or agency of the District of Columbia (DC) who is authorized to do the following: (a) To purchase controlled substances; (b) To obtain the substances from official stocks; (c) To dispense or administer the substances; or (d) To conduct research, instructional activities, or chemical analysis with the substances, or any combination thereof, in the course of his or her official duties or employment.

☐ **CHECK IF INDIVIDUAL NAMED HEREON IS A DC OFFICIAL/DC AGENCY**

The undersigned hereby certifies that the applicant hereon is an officer or employee of a local DC agency who in the course of such employment, is authorized to obtain, dispense, prescribe, or otherwise handle controlled substances.

_____ _____

Signature of certifying official Date

_____ _____

Certifying Official's Name and Title Name of Governmental Institution and Agency