



**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.

Information must be typed or printed.

The manner in which information is written on the application is the way your certificate of registration will read. If you would like the Controlled Substance Registration to be sent to a different address, please write your mailing address in the space provided.

Indicate on the application form if is an initial application or renewal application. If this is a renewal application, please write your registration number on the space provided.

Do not use P.O. Box for your address – use the street address of your current or proposed business that has independent activities.

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

Be sure to enclose appropriate registration fee pursuant to §22-1030. Check or money order should be made payable to the “**D.C. Treasurer.**”

- |   |          |
|---|----------|
| <input type="radio"/> Initial and Renewal Biennial Registration | \$130.00 |
| <input type="radio"/> Duplicate Certificate                     | \$25.00  |
| <input type="radio"/> Late Filing Fee                           | \$35.00  |
| <input type="radio"/> Reinspection                              | \$130.00 |

Complete and sign the **Controlled Substance Application Form** and **Certification Form**, retain a copy for your record and mail the original to Pharmaceutical Control at the address noted below.

**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

Application Instructions

**ITEM 1: BUSINESS ACTIVITY** – Check only one. Practitioners must specify medical degree: M.D., D.D.S., D.O., D.V.M., etc.

**ITEM 2(a):** If you are a practitioner in the District of Columbia, please provide your D.C. License Number. If you do not have a D.C. License Number because you represent a manufacturer, distributor, research facility, etc, please check “Not Applicable”

**ITEM 2(b)(c):** If the answer to question (b) and/or (c) is “Yes”, please include a signed statement explaining such response.

**ITEM 3:** **SCHEDULES** – Check all applicable 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.