APPLICATION FOR CONTROLLED SUBSTANCES

(CHAPTER 329 HRS)

Print or type registrant's name and HAWAII BUSINESS STREET ADDRESS:

_____

_____

_____

Business Phone: _____ Cell / Pager: _____

Mailing Address if different from above:

_____

_____

PLEASE PRINT OR TYPE: ☐ **Check if change of address**

NARCOTICS ENFORCEMENT DIVISION
State of Hawaii
Department of Public Safety
3375 Koapaka Street, #D100
Honolulu, HI 96819
Phone (808) 837-8470
Fax (808) 837-8474

LAW-0219
08/07

For State Use Only:

Reg:

Exp:

Rec:

☐ **Initial**

1. **REGISTRATION CLASSIFICATION:**
   - ☐ PHARMACY (NABP/NPI # _____)
   - ☐ CLINIC (Drug Room)
   - ☐ PRACTITIONER _____ (Specify MD, DDS, DVM, etc.)
     - ☐ LOCUM TENENS
   - ☐ DISTRIBUTOR
   - ☐ RESEARCHER – Submit Protocol
   - ☐ LABORATORY
   - ☐ LAW ENFORCEMENT
   - ☐ LONG TERM CARE FACILITY
   - ☐ OTHER _____

2. **DRUG SCHEDULES:**
   - ☐ SCHEDULE I (Researchers Only)
   - ☐ SCHEDULE II – Narcotic
   - ☐ SCHEDULE II – Non-Narcotic
   - ☐ SCHEDULE III – Narcotic
   - ☐ SCHEDULE III – Non-Narcotic
   - ☐ SCHEDULE IV
   - ☐ SCHEDULE V

3. **APPLICANTS WILL BE RESTRICTED TO THE ACTIVITY CHECKED BELOW:**
   - ☐ ADMINISTER
   - ☐ PRESCRIBE
   - ☐ DISPENSE

4. **CURRENT STATE OF HAWAII LICENSE NUMBER: (medical, dental, pharmacy, etc.)**

   _____ _____
   (SUBMIT WALLET SIZE COPY) **Expiration Date**

5. **FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) NUMBER: (renewals only)**

   _____ _____
   (SUBMIT CLEAR COPY) **Expiration Date**

6. **ARE YOU EMPLOYED AS A FEDERAL, STATE OR CITY OFFICIAL?** ☐ **Yes** ☐ **No**

7. **RECORDS OF REGISTRANTS.** Persons registered to distribute, prescribe or dispense controlled substances under this chapter shall keep records and maintain inventories in conformance with the record-keeping and inventory requirement of federal law and with any additional rules the department issues. (Chapter 329, Hawaii Revised Statutes)

   Date of your last inventory of controlled substances: _____
   (required by law every two years)

8. **ALL APPLICANTS MUST ANSWER THE FOLLOWING:**

   Has the applicant, corporation, firm, partner or officer of the applicant been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution, dispensing, prescribing or possession of controlled substances?

   ☐ **Yes** ☐ **No**

   Has any previous registration held by the applicant, corporation, firm, partner or officer of the applicant under the CSA been surrendered, revoked, suspended, denied or pending such action?

   ☐ **Yes** ☐ **No**

_____ _____ _____ _____
Date **Applicant's ORIGINAL Signature** **Title** **Specialty**

Print Name: _____

A criminal history background check will be conducted on all applicants as designated by Chapter 329-33(a)(3), Hawaii Revised Statutes. Chapter 329-42(a)(4), Hawaii Revised Statutes, states that it is unlawful for any person who knowingly or intentionally furnishes false or fraudulent material information in or omit any material information from, any application, report or other document required to be kept or filed under this chapter, or any record required to be kept by this chapter.

Mail complete application with:
1) fee (see enclosed fee listing)
2) copy of state license (wallet size)
3) CLEAR copy of DEA certificate

FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.
ALL APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY EXPIRATION DATE OR A LATE FEE WILL BE CHARGED.

State of Hawaii, Department of Public Safety
NARCOTICS ENFORCEMENT DIVISION
3375 Koapaka Street, Suite D100
Honolulu, HI 96819
Phone (808) 837-8470
Fax (808) 837-8474

Dear Registrant:

You must receive and post a Certificate of Registration from *both,* the State NED (our office) and the Federal Drug Enforcement Administration (DEA) to be in compliance to handle controlled substances. (Call 808/541-2821 for a DEA application).

PLEASE SUBMIT THE FOLLOWING TO THE ABOVE ADDRESS:

1. **APPLICATION (Incomplete applications will be returned.)**

2. **PHOTOCOPY OF YOUR CURRENT HAWAII STATE LICENSE (wallet size)**

3. **CHECK OR MONEY ORDER PAYABLE TO *NARCOTICS ENFORCEMENT DIVISION* FOR THE REQUIRED FEE AS FOLLOWS: (Service fee of $25.00 will be charged for all returned checks and your certificate will be instantly suspended.)**

A.	PHARMACY	$60.00
B.	CLINIC	$60.00
C.	PRACTITIONER	$60.00
D.	PHYSICIAN ASSISTANT	$60.00
E.	DISTRIBUTOR	$75.00
F.	RESEARCHER	$60.00
G.	LABORATORY	$60.00
H.	MANUFACTURER	$100.00
I.	NARCOTICS TREATMENT PROGRAM	$60.00
J.	LONG TERM CARE FACILITY	$60.00
K.	LAW ENFORCEMENT	NONE
L.	FEDERAL, STATE, OR CITY OFFICIAL	NONE
M.	LATE FEE (for renewals) If we do not RECEIVE your application by your expiration date, submit a late fee *IN ADDITION* to your registration fee. Hawaii Administrative Rules, Title 23, Chapter 200-7(d).	$25.00
N.	DUPLICATE CERTIFICATE REQUEST	$10.00