



APPLICATION FOR SOUTH CAROLINA CONTROLLED SUBSTANCES REGISTRATION

Mail original to: Bureau of Financial Management PO Box 100103 Columbia, SC 29202-3103

Name: Applicant or Business

Additional Company Information

Physical/Practice Address (If using a PO Box you must also provide a street address)

City/State/Zip

Mailing Address

City/State/Zip

Business Telephone Number

Mobile Phone Number

Email Address

Finance Use Only

1. BUSINESS ACTIVITY: (Check one only) Registration Fee \$125

- Practitioner, Pharmacy, Mid-Level Practitioner\*, Animal Control/Shelter, Health Clinic, EMS/Rescue Squad, Automated Storage Machine (ASM), Change of Ownership (If applicable)

\* Supervising Physician: Printed Name / Signature (original signature required)

2. SCHEDULES: (Check all applicable) Schedule II, Schedule III, Schedule IV, Schedule V

3. ALL APPLICANTS MUST ANSWER THE FOLLOWING (If applicable):

(a) Are you currently licensed (if a practitioner) in South Carolina and is your license in good standing? Yes No SC License Number Expiration Date

Attach a copy of your professional license or certificate.

SC Board of Pharmacy Permit Number Expiration Date

Name of Pharmacist in charge

(b) Has the applicant ever been convicted of a crime in connection with controlled substances?

If "yes" attach an explanation and any disciplinary orders. Yes No

(c) Has the applicant ever surrendered or had a professional license or controlled substances registration revoked, suspended, denied, restricted, or placed on probation? If "yes" attach an explanation and any disciplinary orders. Yes No Is any such action pending? Yes No

(d) Last four digits of either Social Security Number or Federal Tax Identification Number

(e) Are you transferring a current DEA number to South Carolina?

Yes DEA Number No

(f) Will controlled substances be stored, administered or dispensed at your physical address above? Yes No

Date Signature of Applicant Printed Name (original signature required)

