



# SCHEDULE CHANGE REQUEST

Requests for a drug schedule change on a current DHEC controlled substances registration can be made on this form. Once completed, sign the form, make a copy for your records and fax it to 803-896-0627 or you may mail it to SCDHEC – Bureau of Drug Control, 2600 Bull Street, Columbia, SC 29201.

DHEC Controlled Substances Number: \_\_\_\_\_

Name: \_\_\_\_\_

Registered Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Last 4 digits of FEIN or Social Security #: \_\_\_\_\_

Supervising Physician  
(APRN & PA-C's only) \_\_\_\_\_  
Printed Name Signature

**For Practitioners, Advanced Practice Registered Nurses (APRN), Physician Assistant (PA-C), Retail Pharmacies, Hospitals, Health Clinics:**

Change the controlled substances registration above to reflect the following indicated schedules:

\_\_\_ II – Narcotic \_\_\_ II – Non-Narcotic \_\_\_ III – Narcotic \_\_\_ III – Non-Narcotic \_\_\_ IV \_\_\_ V

**For Manufacturers, Distributors, \*Researchers, Analytical/Forensic Labs, Importers, Exporters:**

Change the controlled substances registration above to reflect the following indicated schedules:

\_\_\_ I \_\_\_ II – Narcotic \_\_\_ II – Non Narcotic \_\_\_ III – Narcotic \_\_\_ III – Non-Narcotic \_\_\_ IV \_\_\_ V

**For Narcotic Treatment Programs:**

Change the controlled substances registration above to reflect the following indicated schedules:

\_\_\_ II – Narcotic \_\_\_ II – Non-Narcotic \_\_\_ III-Narcotic \_\_\_ III-Non-Narcotic \_\_\_ IV \_\_\_ V

**\*Researchers must submit an amended research protocol with this request.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

(Signature of the registrant is required to process this form.)