



**NARCOTIC TREATMENT PROGRAMS  
CONTROLLED SUBSTANCES REGISTRATION  
Registration Fee \$325.00**

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

Name: Applicant or Business

Proposed Business Address (If using a PO Box you must also provide a street address)

Address 2

City/State/Zip

Telephone Number

**Finance Use Only**

**1. BUSINESS ACTIVITY: (Check only one. See definitions below.)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Maintenance    | <input type="checkbox"/> Maintenance/Detoxification | <input type="checkbox"/> Compounder/Detoxification     |
| <input type="checkbox"/> Detoxification | <input type="checkbox"/> Compounder/Maintenance     | <input type="checkbox"/> Compounder/Maintenance/Detox. |

**2. SCHEDULES: (Check all applicable and enter the narcotic drug code number(s).)**

\_\_\_ II \_\_\_ III \_\_\_ IV \_\_\_ V Drug Codes: \_\_\_\_\_

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

- (a) Are you currently licensed (if a practitioner) in South Carolina and is your license in good standing?  Yes  No  
 SC License Number \_\_\_\_\_ **Attach a copy of your professional license or certificate.**
- (b) Supply any other current DEA registration numbers: \_\_\_\_\_
- (c) Has the applicant ever been convicted of a crime in connection with controlled substances?  Yes  No
- (d) Has the applicant ever surrendered or had a professional license or controlled substances registration revoked, suspended, denied, restricted, or placed on probation? Is any such action pending?  Yes  No
- (e) Last four digits of either Social Security Number or Federal Tax Identification Number \_\_\_\_\_.
- (f) Have you read the conditions of registration on this application?  Yes  No

Signature of Medical Director

Printed Name of Medical Director

Date

**APPLICATION FOR SOUTH CAROLINA  
CONTROLLED SUBSTANCES REGISTRATION**

**INSTRUCTIONS FOR COMPLETING FORM DHEC 1198**

**Do not submit this page unless you answered "Yes" to question(s) in item 3 of the application, or are paying by credit card.**

**Item 1. BUSINESS ACTIVITY-** Indicate only one.

**Item 2. SCHEDULES-** Indicate schedule(s) of controlled substances and the narcotic drug codes pertaining to your business and those that you intend to handle.

**Item 3. QUESTIONS-** Any applicant who answered "Yes" to questions 3. (c) or (d) is required to submit a statement explaining such response(s).  
Use a separate sheet and **return with application.**

**METHOD  
OF PAYMENT**

**For Online Payment via Credit Card or Check:** Go to [www.dhec.sc.gov](http://www.dhec.sc.gov), Click on "Invoice Payment" under "Online Services & Tools".

a. Enter Invoice Number "CS03001-5 in the box labeled "Invoice Number".

**Note: This Invoice number cannot be used for Renewal Applications. Please contact our office at 803-896-0634 for a Renewal Application.**

b. Enter payment amount in the box labeled "Payment". Click "Continue" and proceed as prompted.

c. **Print a copy of your payment confirmation number and mail it with the original application.**

**For payment by check or money order:** Make check or money order in the amount of **\$325** payable to **DHEC**.

**For payment by credit card:** Provide information in the spaces below and, **mail this instruction page with the application to:**

**DHEC Bureau of Financial Management**     Visa     MasterCard     Discover     AMEX  
**PO Box 100103**  
**Columbia, SC 29202-3103**

\_\_\_\_\_ / \_\_\_\_\_  
Credit Card Number

\_\_\_\_\_ / \_\_\_\_\_  
The 3 digit code on the back

Expiration Date \_\_\_\_\_ / \_\_\_\_\_ Total Payment \$ \_\_\_\_\_

\_\_\_\_\_  
Print name as it appears on credit card

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Mailing Address of Card Holder

\_\_\_\_\_  
Telephone Number of Card Holder

**Fees are not refundable.**

**WARNING:**

S.C. Code Ann. § 44-53-390(a)(4) states that any person knowingly or intentionally furnishing false or fraudulent material information or omitting any material information from any application required to be filed, is subject to imprisonment for not more than 5 years or a fine of not more than \$10,000, or both, except that if such person is a corporation the fine shall not be more than \$100,000.

**Warning:** Section 44-53-390(a)(4), Code of Laws of South Carolina, as amended states that any person knowingly or intentionally furnishing false or fraudulent material information in or omitting any material information from any application required to be filed by the Act is subject to imprisonment for not more than 5 years or a fine of not more than \$10,000.00 or both, except that if such person is a corporation the fine shall be not more than \$100,000.00.

**NOTE A:** All registrations must be renewed by April 1 of each succeeding year.

**NOTE B:** Registration under this program provides for the dispensing to individuals for maintenance treatment or detoxification treatment, or both, **but not prescribing. Prescribing for addicts solely for maintenance or detoxification is prohibited.**

**NOTE C: DEFINITIONS**

**Maintenance Treatment:** The **dispensing** for a period in excess of twenty-one (21) days of a narcotic drug in the treatment of an individual for dependence upon heroin or other morphine-like drugs.

**Detoxification Treatment:** The **dispensing** for a period not in excess of twenty-one (21) days, of a narcotic drug in **decreasing doses** to an individual in order to alleviate adverse physiological or psychological effects incident to withdrawal from the continuous or sustained use of a narcotic drug, as a method of bringing the individual to a narcotic drug-free state within such period.

**Compounder:** An entity engaging in the maintenance treatment or detoxification treatment which also changes the dosage form of a narcotic drug for use in maintenance treatment or detoxification treatment at other locations. Order forms are required for all transfers by a compounder for off site use.

A compounder who compounds narcotic drugs in schedules II through V for use in maintenance treatment or detoxification treatment at a site other than the location of the compounding must report to ARCOS.

**ARCOS:** Automation of Reports and Consummated Orders System. ARCOS is a computerized system which provides an audit of the transactions of wholesale distributors and manufacturers throughout the drug industry. The objective of ARCOS is to create a government capability to maintain a perpetual inventory of selected controlled substances from point of import or manufacturing to point of sale, distribution, or dispensing level. Information about reporting to ARCOS will be provided to compounders who compound for use at a site other than the location of compounding.

**REGISTRATION CONDITIONS**

**Preamble:** The regulation of Controlled Substances and Dangerous Drugs as provided for by Act 445 of 1971 (1971 Acts and Joint Resolutions) represents an urgent public interest. If the law is to be properly enforced and inspection made effective, inspections without warrant must be deemed reasonable official conduct. The Registrant has chosen to engage in a pervasively regulated business, with the knowledge that his business records, supplies and inventories of controlled substances will be subject to effective investigation.

**Conditions:** Registrant's business premises shall be subject to inspection without a warrant by authorized Drug Inspectors during normal business hours for the reasons contained in Section 40(b)(4) of Act 445 of 1971, such inspection to encompass the conduct of accountability audits of supply and inventory of controlled substances, if necessary.