D H E C

PROMOTE PROTECT PROSPER

South Carolina Department of Health
and Environmental Control

SCDHEC-Bureau of Drug Control
2600 Bull Street
Columbia, SC 29201
Phone: 803-896-0634

ADDRESS CHANGE REQUEST

An address change on a current SC Controlled Substances Registration can be made on this form. Complete the form below in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail or fax** this form to SCDHEC-Bureau of Drug Control, 2600 Bull Street, Columbia, SC 29201, **(Fax) 803-896-0627.** Failure to include the required information may result in a delay in the change request.

SC Controlled Substances Registration Number: _____

Federal DEA Registration Number: _____

Registrant's Name: _____

Address Listed on Current Certificate: _____

_____

_____

New Address: _____
(**Practice Location Only)**

_____

_____

New Supervising Physician **(APRN's & PA's Only)** _____
Printed Name/Signature of Physician **not** required

New Telephone Number: _____

Relocation Date: _____

* Last 4 digits of FEIN# or Social Security# _____

Signature: _____ Date: _____

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

***Required for on-line renewal process in the future.**