

APPLICATION FOR CONTROLLED SUBSTANCES (CHAPTER 329 HRS)

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



LAW 0219
10/13

For State Use Only:

Business Phone: _____
Mailing Address if Different From Above: _____

Check if change of address

NARCOTICS ENFORCEMENT DIVISION
State of Hawaii
Department of Public Safety
3375 Kaapaka Street, #D100
Honolulu, HI 96819
Phone (808) 837-9470
Fax (808) 837-9474

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 APRN LONG TERM CARE FACILITY OTHER _____

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

2. DRUG SCHEDULES: SCHEDULE I (LE/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 CERTIFY MEDICAL MARIJUANA USE PRESCRIBE DISTRIBUTE DISPENSE

4. CURRENT STATE OF HAWAII LICENSE NUMBER: _____
(Medical, Dental, Pharmacy, etc.)

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

Date	Applicant's ORIGINAL Signature	Title	Specialty
Print Name: _____	_____	Email: _____	_____

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

SUBMIT WALLET SIZE COPY _____ Expiration Date _____
SUBMIT LEGIBLE COPY _____ Expiration Date _____

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)	\$25.00
N.	DUPLICATE CERTIFICATE REQUEST	\$10.00

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).