


PHYSICIAN ASSISTANT APPLICATION FOR HAWAII CONTROLLED SUBSTANCE REGISTRATION (CHAPTER 329 HRS)	PRINT OR TYPE REGISTRANT'S INFORMATION AND <u>HAWAII BUSINESS ADDRESS:</u>		NARCOTICS ENFORCEMENT DIVISION State of Hawaii Department of Public Safety 3375 Koapaka Street, #D100 Honolulu, HI 96819 (808) 837-8470	LAW-0220 10/2021 For State Use Only:
	Legal Name: _____			Reg: 
	Business Phone: _____	Mobile Phone: _____		Exp:
	Email Address 1: _____	Email Address 2: (Optional) _____		Rec:
	Hawaii Business Address Street, Unit, _____	City, State and Zip Code _____		<input type="checkbox"/> Initial Registration
	Mailing Address Street, Unit, _____ <input type="checkbox"/> Check if change of address	City, State and Zip Code _____		

1. REGISTRATION CLASSIFICATION AND NPI Number:

PHYSICIAN ASSISTANT NPI: _____ (Optional)

2. STATE OF HAWAII LICENSE NUMBER:

 (submit a CLEAR photocopy) Expiration Date _____

3. FEDERAL DEA NUMBER: (for renewal applications only)

 (submit a CLEAR photocopy) Expiration Date _____

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

 Physician Assistant's (Wet Only) Signature

 Date

Mail Complete Application with:

- 1) Fee (See enclosed fee listing.)
- 2) Copy of PA's State License & DEA Certificate
- 3) Copy of Supervising Physician's State license and DEA Certificate

THIS SECTION TO BE FILLED OUT BY SUPERVISING PHYSICIAN:

I, _____, hereby certify that I am a physician licensed to practice medicine in the State of Hawaii and registered under Section 329-33, HRS. I understand and retain full professional and legal responsibility for the performance of the listed physician assistant in accordance with Chapter 329-1 HRS. My Hawaii State license and Federal DEA numbers are as shown below.

 State License No. Expiration Date DEA No. Expiration Date

DRUG SCHEDULES:

- SCHEDULE II - Narcotic
- SCHEDULE II - Non-Narcotic
- SCHEDULE III - Narcotic
- SCHEDULE III - Non-Narcotic
- SCHEDULE IV
- SCHEDULE V

ACTIVITIES:

- ADMINISTER
- PRESCRIBE

As the supervising physician or osteopathic physician supervising this subordinate physician assistant, I retain full professional and legal responsibility for the performance of the physician assistant and delegate the authority to administer, prescribe, and dispense the above listed scheduled drugs. Hawaii Administrative Rules Title 16, Chapter 85.

 Supervising Physician's (Wet Only) Signature

 Date

 Specialty

**FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.
 ALL APPLICATIONS FOR RENEWAL 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

hawaiiicsreg@hawaii.gov

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.

PLEASE SUBMIT THE FOLLOWING TO THE ABOVE ADDRESS:

1. APPLICATION (Incomplete applications will be returned.)
2. PHOTOCOPY OF YOUR CURRENT HAWAII STATE LICENSE (i.e. online verification, notice of licensure letter, or wallet card)
3. CHECK OR MONEY ORDER PAYABLE TO **NARCOTICS ENFORCEMENT DIVISION** FOR THE REQUIRED FEE AS FOLLOWS:

A.	PHARMACY	\$115.00
B.	PRACTITIONER	\$115.00
C.	PHYSICIAN ASSISTANT	\$115.00
D.	DISTRIBUTOR	\$145.00
E.	RESEARCHER	\$115.00
F.	LABORATORY	\$115.00
G.	MANUFACTURER	\$195.00
H.	LONG TERM CARE FACILITY	\$115.00
I.	LAW ENFORCEMENT	-fee exempt
J.	FEDERAL, STATE, OR CITY OFFICIAL	-fee exempt
K.	LATE FEE (for renewals) 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).	\$50
L.	DUPLICATE CERTIFICATE REQUEST	\$20

** A service fee of \$25.00 will be charged for all returned checks and your certificate will be instantly suspended.)