



APPLICATION FOR SOUTH CAROLINA CONTROLLED SUBSTANCES REGISTRATION

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

Name: Applicant or Business

Additional Company Information

Physical/Practice Address (If using a PO Box you must also provide a street address)

City/State/Zip

Mailing Address (For Future Correspondence)

City/State/Zip

Business Telephone Number

Mobile Phone Number

Email Address

Finance Use Only

1. BUSINESS ACTIVITY: (Check one only) Registration Fee \$125

- Practitioner, Pharmacy, Mid-Level Practitioner*, Animal Control/Shelter, Health Clinic, EMS/Rescue Squad, Automated Storage Machine (LTC Fee Exempt), Change of Ownership (If applicable)

* Supervising Physician: [] Printed Name / Signature (original signature required)

2. SCHEDULES: (Check all applicable) Schedule II, Schedule III, Schedule IV, Schedule V

- Narcotic, Non-Narcotic, Non-Narcotic

3. ALL APPLICANTS MUST ANSWER THE FOLLOWING (If applicable):

(a) Are you currently licensed (if a practitioner) in South Carolina and is your license in good standing? Yes No SC License Number [] Expiration Date []

Attach a copy of your professional license or certificate.

SC Board of Pharmacy Permit Number [] Expiration Date []

Name of Pharmacist in charge []

(b) Has the applicant ever been convicted of a crime in connection with controlled substances?

If "yes" attach an explanation and any disciplinary orders. Yes No

(c) Has the applicant ever surrendered or had a professional license or controlled substances registration revoked, suspended, denied, restricted, or placed on probation? If "yes" attach an explanation and any disciplinary orders. Yes No Is any such action pending? Yes No

(d) Last four digits of either Social Security Number or Federal Tax Identification Number []

(e) Are you transferring a current DEA number to South Carolina?

Yes DEA Number [] No

(f) Will controlled substances be stored, administered or dispensed at your physical address above? Yes No

Date Signature of Applicant Printed Name (original signature required)

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CONTROLLED SUBSTANCES REGISTRATION**

INSTRUCTIONS FOR COMPLETING FORM DHEC 1174A

Do not submit this page unless you answered "Yes" to question(s) in item 3 of the application.

Item 1. BUSINESS ACTIVITY- Indicate only one.

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

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

METHOD

OF PAYMENT

Credit Card payments are not accepted. Payments must be made by Check or Money Order payable to SC DHEC:
Make check or money order in the amount of **\$125** payable to **DHEC.**

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.

This DHEC form, DHEC 1174A, will be maintained by the Bureau of Drug Control in accordance with Record and Retention Schedule 10345.