

APPLICATION FOR SOUTH CAROLINA CONTROLLED SUBSTANCES REGISTRATION

Mail <u>original</u> to: Bureau of Financial Management PO Box 100103

Columbia, SC 29202-3103

Nam	e: Applicant or Business		Finance Use Only
Add	itional Company Information		ī
Phy	sical/Practice Address (If using a PO Box you must also provide a street	address)	i
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City	/State/Zip		1
Mail	ing Adress]
City	/State/Zip]
Bus	iness Telephone Number Mobil	e Phone Number	
Ema	il Address]
1.	BUSINESS ACTIVITY: (Check one only) Registration Fee \$125		-
☐ Practitioner ☐ Animal Control/Shelter ☐ EMS/Rescue Squad			
	☐ Pharmacy ☐ Health Clinic ☐ Automated Storage Machine (ASM)		
	☐ Mid-Level Practitioner* (APRN & PA-C) ☐ Cha	nge of Ownership (If a	pplicable)
	* Supervising Physician:		
2.	Printed Name / Signature (original signat SCHEDULES: (Check all applicable) Schedule III Schedule III	ure required) Schedule IV	Schedule V
۷.	SCHEDULES: (Check all applicable) Schedule II Narcotic Narcotic		
•	□ Non-Narcotic □ Non-Narcotic □ Non-Narcotic	otic	
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?			tanding?
☐ 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, denie		
	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		
		-	
Data	Signature of Applicant	Drintad	Name
Date	(original signature or Applicant (original signature requ		INAILIE

APPLICATION FOR SOUTH CAROLINA **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, or are paying by credit card.

- 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 For payment by check or money order: Make check or money order in the amount of \$125 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 _/____The 3 digit code on the back Credit Card Number 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.

DHEC-1174A (01/2018)