



**COVID 19 90 DAY TEMPORARY SC
CONTROLLED SUBSTANCES
REGISTRATION APPLICATION**

Email this application to:
bdcCovid19newappl@dhec.sc.gov
Questions call : 803-896-4426 or 803-896-0634

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

1. BUSINESS ACTIVITY: (Check one only) Registration Fee Waived

- Practitioner
- Pharmacy
- Mid-Level Practitioner* (APRN & PA-C)

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

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

- Narcotic 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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INSTRUCTIONS FOR COMPLETING FORM COVID 19 DHEC-1174ACOVID19

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.**

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 form, COVID 19 DHEC- 1174A, will be maintained by the Bureau of Drug Control in accordance with Record and Retention Schedule 10345.