



**APPLICATION FOR SOUTH CAROLINA
CONTROLLED SUBSTANCES REGISTRATION**
Registration Fee \$125.00

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

Name: Applicant or Business

Finance Use Only

Proposed Business Address (If using a PO Box you must also provide a street address)

Address 2

City/State/Zip

1. BUSINESS ACTIVITY: (Check one only)

- | | | |
|--|---|---|
| <input type="checkbox"/> Practitioner | <input type="checkbox"/> Animal Control/Shelter | <input type="checkbox"/> EMS/Rescue Squad |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Health Clinic | <input type="checkbox"/> Hospice |
| <input type="checkbox"/> Mid-Level Practitioner* (APRN & PA-C) | | |

* Supervising Physician: _____
Printed Name / Signature

2. SCHEDULES: (Check all applicable)

- | | | | |
|---------------------------------------|---------------------------------------|--------------------------|--------------------------|
| Schedule II | Schedule III | Schedule IV | Schedule V |
| <input type="checkbox"/> Narcotic | <input type="checkbox"/> Narcotic | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Non-Narcotic | <input type="checkbox"/> Non-Narcotic | | |

3. ALL APPLICANTS MUST ANSWER THE FOLLOWING:

- (a) Are you currently licensed (if a practitioner) in South Carolina and is your license in good standing? Yes No
 SC License Number _____ **Attach a copy of your professional license or certificate.**
 SC Board of Pharmacy Permit Number _____ Name of Pharmacist in charge _____
- (b) Has the applicant ever been convicted of a crime in connection with controlled substances? 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? Is any such action pending? Yes No
- (d) Last four digits of either Social Security Number or Federal Tax Identification Number _____.

Date _____ Signature of Applicant _____ Title _____

SC Business Telephone Number _____ DEA Number _____

