



Government of the District of Columbia  
Department of Health  
Health Regulations and Licensing Administration  
899 North Capitol Street NE, Washington, DC 20002  
Mail application to P.O. Box address below  
[www.doh.dc.gov/pcd](http://www.doh.dc.gov/pcd)

***Please print clearly in ink and in upper case letters only. Failure to complete all sections and submission of required documentation will result in the delay of license issuance.***

**CONTROLLED SUBSTANCE REGISTRATION APPLICATION FOR HEALTH PROFESSIONALS**

<b>Application Type</b> <input type="checkbox"/> Initial (Provide DC Health Professional License number _____) <input type="checkbox"/> Renewal (Provide Controlled Substance Registration number): _____	<b>For Official Use Only</b> Approved: _____ Date: _____
<b>Profession Type</b> <input type="checkbox"/> Medicine <input type="checkbox"/> Physician Assistant <input type="checkbox"/> Veterinarian <input type="checkbox"/> Naturopathic(only schedule III) <input type="checkbox"/> Dentist <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Podiatrist	
Choose Controlled Substance Schedules applicant is applying for: <input type="checkbox"/> Schedule I (Required: submit written proof why Schedule I is being requested) <input type="checkbox"/> Schedule II <input type="checkbox"/> Schedule IIN <input type="checkbox"/> Schedule III <input type="checkbox"/> Schedule IIIN <input type="checkbox"/> Schedule IV <input type="checkbox"/> Schedule V	
<b>Applicant Information</b> Name of Applicant (Legal Name) _____ Street No. _____ Street Name _____ Suite No. _____ City _____ State _____ Zip Code _____ Cell Phone Number _____ E-Mail Address for Applicant _____	
<b>Mailing Address</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	



**TO THE APPLICANT:**

Please read carefully and completely before signing. A false statement on this certification requires that the Department proceed immediately to revoke the license or permit for which you are now applying and fine you \$1000.00. This certificate is required by the "CLEAN HANDS BEFORE RECEIVING A LICENSE OR PERMIT ACT OF 1996". (Effective May 11, 1996, D.C. Law 11-118, D.C. Code §47-2861 et seq.)

I, \_\_\_\_\_, certify that as of \_\_\_\_\_, I do not owe more than \$100.00 to the District of Columbia government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administration Action of 1985, effective March 25, 1986 (D.C. Code § 6-2901 et seq.);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Code § 6-2911 et seq.);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer and Regulatory Affairs Civil Infractions Act of 1985, effective October 5, 1986 (D.C. Law 6-42; D.C. Code § 6-2701 et seq.); or
4. Past due taxes.

I understand that if I knowingly falsify this Certification, the Department will move to revoke the license or permit for which I am applying, and to fine me \$1,000.00. I further understand that the Department may conduct an investigation to ascertain the veracity of this certification. I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Title*

**CERTIFICATION OF FEE EXEMPTION**

Pursuant to 22DCMR Chapter 10, Section 1005.1 (a-d) states:

The Director shall exempt from payment of a fee for registration or reregistration, any official employee or agency of the District of Columbia (DC) who is authorized to do the following: (a) To purchase controlled substances; (b) To obtain the substances from official stocks; (c) To dispense or administer the substances; or (d) To conduct research, instructional activities, or chemical analysis with the substances, or any combination thereof, in the course of his or her official duties or employment.

**CHECK IF INDIVIDUAL NAMED HEREON IS A DC OFFICIAL/DC AGENCY**

The undersigned hereby certifies that the applicant hereon is an officer or employee of a local DC agency who in the course of such employment, is authorized to obtain, dispense, prescribe, or otherwise handle controlled substances.

\_\_\_\_\_  
Signature of certifying official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Certifying Official's Name and Title

\_\_\_\_\_  
Name of Governmental Institution and Agency