



SCHEDULE CHANGE REQUEST

Requests for a drug schedule change on a current DPH controlled substances registration can be made on this form. Once completed, sign the form, make a copy for your records and fax it to 803-896-0627 or email to fdc@dph.sc.gov or you may mail it to SCDPH – Bureau of Drug Control, PO Box 2046, West Columbia, SC 29033.

DPH Controlled Substances Number: _____

Name: _____

Registered Address: _____

Telephone Number: _____

Last 4 digits of FEIN or Social Security #: _____

Supervising Physician _____

(APRN & PA-C's only)

Printed Name

Signature

For Practitioners, Advanced Practice Registered Nurses (APRN), Physician Assistant (PA-C), Retail Pharmacies, Hospitals, Health Clinics:

Change the controlled substances registration above to reflect the following indicated schedules:

___ II – Narcotic ___ II – Non-Narcotic ___ III – Narcotic ___ III – Non-Narcotic ___ IV ___ V

For Manufacturers, Distributors, *Researchers, Analytical/Forensic Labs, Importers, Exporters:

Change the controlled substances registration above to reflect the following indicated schedules:

___ I ___ II – Narcotic ___ II – Non Narcotic ___ III – Narcotic ___ III – Non-Narcotic ___ IV ___ V

For Narcotic Treatment Programs:

Change the controlled substances registration above to reflect the following indicated schedules:

___ II – Narcotic ___ II – Non-Narcotic ___ III-Narcotic ___ III-Non-Narcotic ___ IV ___ V

***Researchers must submit an amended research protocol with this request.**

Signature _____

Date _____

(Signature of the registrant is required to process this form.)