SOUTH CAROLINA DEPARTMENT OF PUBLIC HEALTH

Non-Practitioner SC Controlled Substances Application

Mail original to:
SC DPH Bureau of Drug Control
PO Box 2046
West Columbia, SC 29171

Name: Applicant or Business

Finance Use Only

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

City | County | State | Zip

Mailing Address (For all future correspondence)

City | State | Zip | Telephone Number | Email Address | Contact Name

1. **BUSINESS ACTIVITY:** (Check one only)

- ☐ Distributor $550
- ☐ Canine Unit $125
- ☐ Researcher $125
- ☐ Exporter/Importer $550
- ☐ Analytical/Forensic Lab* $125
- ☐ Manufacturer $650
- ☐ Hospital $325
- ☐ Importer/Exporter/Broker/Forwarder $550
- ☐ Reverse Distributor $550

* Law Enforcement Forensic Labs are Fee Exempt.

2. **SCHEDULES:** (Check all applicable)

☐ Schedule I ☐ Schedule II ☐ Schedule II-N ☐ Schedule III ☐ Schedule III-N ☐ Schedule IV ☐ Schedule V

3. Supply any other State or DEA registration numbers for any class of business activity at the address show.

4. **Manufacturer's Business Activity: Check schedules applicable to any category in spaces provided below:**

Manufacturer Categories	Schedule I	Schedule II	Schedule III	Schedule IV	Schedule V
Bulk Mfr., Synthesizer - Extractor	☐	☐	☐	☐	☐
Dosage Form Manufacturer	☐	☐	☐	☐	☐
Re-packer – Re-labeler	☐	☐	☐	☐	☐

5. Current State License or Certificate Number: _____ (attach a copy)

6. ***ALL APPLICANTS MUST ANSWER THE FOLLOWING:**

A. Are you currently authorized to handle, manufacture, distribute, dispense, prescribe, conduct research, or otherwise deal with the controlled substances in the schedules for which you are applying, under the laws of this or any other state or jurisdiction in which you propose to operate?
☐ Yes ☐ No

B. Is this application being filed for an existing registration due to a change of ownership? ☐ Yes ☐ No
If "yes", provide the current registration number ☐

C. Is this facility licensed with SC DPH Bureau of Health Facilities Licensing? ☐ Yes ☐ No
BHFL License number ☐ Expiration Date ☐

D. Are you currently registered with the Drug Enforcement Administration, United States Department of Justice to conduct the business activity with the controlled substances for which you are applying? ☐ Yes ☐ No
If "yes", insert DEA registration number here ☐

E. Has the applicant been convicted of any violation of State or Federal Law relating to the manufacturing, distributing, or dispensing of controlled substances? ☐ Yes ☐ No
If "yes", attach a letter of explanation including dates and circumstances.

F. Has the applicant ever surrendered any professional license, Narcotic Tax Stamp, or other instrument allowing the applicant to handle drugs?
☐ Yes ☐ No
If "yes", attach a letter of explanation including dates and circumstances.

G. Has any previous license, registration or permit held by the applicant, firm, partnership, corporation, partner or officer of the applicant been revoked, suspended, denied, restricted, placed on probation, consent order or memorandum of understanding? ☐ Yes ☐ No

H. Is any disciplinary action pending? ☐ Yes ☐ No
If "yes", attach a letter of explanation including dates and circumstances.

I. Have you read the conditions of registration on this application? ☐ Yes ☐ No

7. All registrants with the exception of Analytical Laboratories and Hospitals must enter in the spaces provided below the code number of Schedule I-V substances for which authorization is requested.
A Drug Code number list is available through the US Department of Justice (DEA) at www.deadiversion.usdoj.gov and it is also listed in current state and federal regulations pertaining to controlled substances.

BULK MANUFACTURERS (synthesizer/extractor) applicants must attach a letter listing those "Basic Classes" of controlled substances in Schedules I and II that they propose to manufacture in bulk.

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

_____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____

If additional space is needed, use a separate sheet and return with the application.

NOTE A: Registration as a Manufacturer or Importer conveys distribution privilege only as to those substances manufactured or imported.

NOTE B: Applicants for Research must submit a research protocol with this application.

REGISTRATION CONDITIONS

Preamble:

The regulation of Controlled Substances and Dangerous drugs as provided for by Article 3 of Chapter 53 of Title 44 of the amended code, represents an urgent public interest. If the law is to be properly enforced and inspection made effective, inspections without warrant must be deemed reasonable official conduct. The registrant has chosen to engage in a pervasively regulated business, with the knowledge that his business records, supplies and inventories of controlled substances will be subject to effective investigation .

Conditions:

The registrant's business premises shall be subject to inspection without a warrant by authorized Drug Inspectors during normal business hours for the reasons contained in Section 44-53-500 (b)(4), Code of Laws of South Carolina, as amended, such inspection to encompass the conduct of accountability audits of supply and inventory of controlled substances, if necessary.

I have read and completed this application and certify by signing below that it is correct.

_____ _____

Signature of Applicant Date Printed Name of Applicant

***Warning:** Section 44-53-390(a)(4), South Carolina as amended, provides that any person knowingly or intentionally furnishing false or fraudulent information in, or omitting any material from an application required to be filed by the Act is subject to imprisonment for not more than 5 years or a fine of not more than $10,000.00, or both, except that if such person is a corporation the fine shall be not more than $100,000.00.

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INSTRUCTIONS FOR COMPLETING 1026-ENG-DPH

Do not submit this page unless you answered "Yes" to question(s) in item 6 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. Provide any other State or Federal registration numbers.

Item 4. Mark the appropriate drug schedules for the different categories that apply if you are applying as a Manufacturer.

Item 5. Provide your current state license number (i.e., Out of State License, SC Board of Pharmacy permit, DPH Health Licensing Certificate number, etc.)

Item 6. QUESTIONS - Any applicant who answered "Yes" to questions 6 (e, f, g, h) is required to submit a statement explaining such response(s).

Use a separate sheet of paper or include a copy of any pertinent documents and return with application.

METHOD OF PAYMENT **For payment by check or money order:** Make check or money order payable to **DPH.**

Fees are not refundable.

This DPH form, 1026-ENG-DPH, will be maintained by the Bureau of Drug Control in accordance with Retention Schedule 10345.