SOUTH CAROLINA
DEPARTMENT OF
PUBLIC HEALTH

SCDPH - Bureau of Drug Control
PO Box 2046
West Columbia, SC 29033
Phone: 803-896-0636

ADDRESS CHANGE REQUEST

An address change on a current SC Controlled Substances Registration can be made on this form. Complete the form below in its entirety. Once completed, **sign** the form, make a copy for your records, and **mail** or **email** this form to SCDPH - Bureau of Drug Control, PO Box 2046, West Columbia, SC 29033, or **email to bdc@dph.sc.gov.** Failure to include the required information may result in a delay in the change request.

SC Controlled Substances Registration Number: _____

Federal DEA Registration Number: _____

Registrant's Name: _____

Address Listed on Current Certificate: _____

_____

_____

New Address:
(**Practice Location Only)** _____

_____

_____

New Supervising Physician **(APRN's & PA's Only)** _____
Printed Name/Signature of Physician **not** required

New Telephone Number: _____

* Relocation Date: _____

** Last 4 digits of FEIN # or Social Security #: _____

Signature: _____ Date: _____

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

*** Address changes will not be reflected on the registration until 10 days prior to the relocation date.**
**** Required for on-line renewal process in the future.**

Address Change Request

Instructions for Completing 1199-ENG-DPH

PURPOSE: Controlled substance registrants should use this form to change their primary practice address. Mid-level practitioners should use this form to update their supervising physician on file. Primary practice addresses for all registrants should be the most current address to ensure appropriate correspondence.

AUDIENCE: Controlled Substance Registrants

INSTRUCTIONS: Form must be filled out in its entirety and emailed or mailed back to the program per the instructions on the form. Address changes will not be reflected on the registration until 10 days prior to the relocation date.

OFFICE MECHANICS & FILING: This form is filed electronically within the department and retained per the program's retention schedule 16052, Controlled Substance Renewal Applications and Cancellations. Once the 3-year retention period (from cancellation or renewal date) has been met and quality review has been completed, an ARM-13 destruction request should be submitted and approved prior to disposal of the original form.