



**Controlled
Substance
Registration**

DEPARTMENT OF HEALTH

**Licensure and Certification
615 East 4th Street
Pierre, SD 57501-1700
605-773-3356 FAX: 605-773-6667**

**\$150.00 FEE REQUIRED - INSTRUCTIONS on REVERSE
FEE MUST ACCOMPANY APPLICATION or RENEWAL**

July 1, 2009

APPLICANT NAME _____

BUSINESS NAME _____

BUSINESS ADDRESS _____

BUSINESS PHONE _____

EMAIL ADDRESS _____

SD PROFESSIONAL LICENSE# _____

MAILING ADDRESS (if different from business address)

FAX NUMBER _____

DEA# _____ **EXP. DATE** _____
(attach photo copy of certificate)

PROFESSIONAL BUSINESS ACTIVITY (Check the appropriate box)

Nurse Practitioner Nurse Midwife Physician Assistant

DRUG SCHEDULES AUTHORIZED BY SUPERVISING/COLLABORATING PHYSICIAN

(Check the appropriate box)

Schedule I Schedule II Schedule III Schedule IV
 Schedule II Non-narcotic Schedule III Non-narcotic

Supervising/collaborating Physician South Dakota Medical License Number _____
Supervising/collaborating Physician DEA Number _____ (attach photocopy)
Supervising/collaborating Physician (Signature) _____ Date _____

ALL APPLICANTS MUST ANSWER THE FOLLOWING:

Has the applicant or any officer or partner been convicted of a felony under state or federal law relating to the manufacture, distribution, or dispensing of controlled substances?

Has the applicant or any officer or partner surrendered any previous registration or professional license or had any previous registration or professional license, state or federal, revoked, suspended, or denied?

_____ (write "yes" or "no")

_____ (write "yes" or "no")

If you have answered "yes" to either statement, please attach a notarized statement showing details.

I hereby apply for my South Dakota Controlled Substance Registration in accordance with South Dakota Codified Law 34-20B.

Signature _____ **Date** _____

Every person who prescribes manufactures, distributes, or dispenses any controlled drug or substance within this state, or who proposes to engage in the prescribing manufacture, distribution, or dispensing of any controlled drug or substance within this state, shall obtain annually a registration issued by the department according to the rules promulgated under this chapter. (SDCL 34:20B:29)

The department is authorized to inspect the establishment of a registrant or applicant for registration in accordance with the rules promulgated under this chapter. (SDCL 34:20B:40)

OFFICE USE ONLY

Approval Referred to DEA _____ SD Controlled Substance # Issued _____

Date CS # Issued _____ Expiration Date _____

Fee _____ **Check #** _____

SOUTH DAKOTA CONTROLLED SUBSTANCE REGISTRATION

INSTRUCTIONS

1. **Fee required (ARSD 44:58:03:02.1)**
\$150 fee required for initial application and renewal. Fee must accompany application. Fee is non-refundable and not pro-rated. Make check, money order, or cashier's check payable to the South Dakota Department of Health.
2. The name and address of the proposed business or professional office in South Dakota must be included on your application. A street address or legal description, rather than a post office box number is required. Include your business, home and fax telephone numbers as well as your home address.
3. Indicate your South Dakota professional license number. If your respective licensing board has not issued your professional license, write "pending".
4. Indicate your federal DEA number. If you have applied for a DEA number but it has not been issued, write "pending". DEA numbers are location specific, but can be transferred, by notifying the DEA office and the SD Department of Health. Attach a photo copy of your DEA certificate to the application. **If you are completing a renewal application: Enclose a photocopy of your NEW DEA certificate, not the one currently expiring.** You may hold your renewal until you receive your certificate from the DEA or attach a copy of your DEA renewal application.
5. Indicate the professional discipline for which you are requesting registration. Midlevel practitioners applications must indicate a supervising/collaborating physician, the presence of a practice agreement, list the South Dakota medical license number of the physician, provide a copy of the physician's DEA registration at a South Dakota location and include the signature of the supervising/collaborating physician.
6. Indicate the schedules of controlled substances for which you are requesting registration. Your Federal registration must coincide with the schedules you request on your state registration. All controlled substances listed in federal schedule V are included in SD schedule IV. Your controlled substance registration grants prescriptive authority as outlined by the practice agreement with your supervising/collaborating physician.
7. Answer the questions regarding previous felony convictions or surrender of professional license or controlled substance registration. If you answer "yes" to either question, attach a notarized statement explaining the details.
8. Date and sign the application.
9. Prescribing at more than one location is permissible under a single registration. Each location where controlled substances are stored or maintained requires separate registration.
10. If you have any questions, please call the Department of Health at (605) 773-3356.
11. Forms should be mailed to: Licensure and Certification, Department of Health, 615 E 4th Street, Pierre, SD 57501-1700.