PHYSICIAN'S ASSISTANT APPLICATION FOR CONTROLLED SUBSTANCES

(CHAPTER 329 HRS)

Print or type registrant's name and HAWAII BUSINESS STREET ADDRESS

_____

_____

Business Phone _____

Mailing Address if different from above: Pager _____

_____

_____

PLEASE PRINT OR TYPE: ☐ Check if change of address

NARCOTICS ENFORCEMENT DIVISION
State of Hawaii
Department of Public Safety
3375 Koapaka Street, #D100
Honolulu, HI 96819
Phone (808) 837-8470
Fax (808) 837-8474

LAW-0220
09/01

For State Use Only:

Reg:

Exp:

Rec:

☐ Initial

1. REGISTRATION CLASSIFICATION:
   ☐ PHYSICIAN'S ASSISTANT

2. STATE OF HAWAII LICENSE NUMBER:

   _____ _____
   (submit wallet size photocopy) Expiration Date

3. FEDERAL DEA NUMBER: (renewals only)

   _____ _____
   (submit CLEAR photocopy) Expiration Date

4. ALL APPLICANTS MUST ANSWER THE FOLLOWING:
   Has the applicant, corporation, firm, partner or officer of the applicant been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution, dispensing, prescribing or possession of controlled substances?
   ☐ YES ☐ NO

   Has any previous registration held by the applicant, corporation, firm, partner or officer of the applicant under the CSA been surrendered, revoked, suspended, denied or pending such action?
   ☐ YES ☐ NO

_____ _____
Date Physician's Assistant Signature

Mail Complete Application with:
1) Fee (see enclosed fee listing)
2) Copy of PA's State License & DEA Certificate
3) Copy of Supervising Physician's License & DEA Certificate

THIS SECTION TO BE FILLED OUT BY SUPERVISING PHYSICIAN:

I, _____, hereby certify that I am a physician licensed to practice medicine in the State of Hawaii and registered under Section 329-33, HRS. I understand and retain full professional and legal responsibility for the performance of the listed physician assistant in accordance with Chapter 329-1, HRS. My Hawaii State License and Federal DEA numbers are as shown below.

_____ _____ _____ _____
State License No. Expiration Date DEA No. Expiration Date
(submit CLEAR copy of Hawaii State License, wallet size, and Federal DEA Certificate)

DRUG SCHEDULES:
- ☐ SCHEDULE II – Narcotic (Inpatient Chart Order Only)
- ☐ SCHEDULE II – Non-Narcotic (Inpatient Chart Order Only)
- ☐ SCHEDULE III - Narcotic
- ☐ SCHEDULE III – Non-Narcotic
- ☐ SCHEDULE IV
- ☐ SCHEDULE V

ACTIVITIES:
- ☐ ADMINISTER
- ☐ PRESCRIBE

A physician assistant employed or extended privileges by a hospital or facility may, if allowed under the bylaws, rules, and regulations of the hospital or extended care facility, write orders for medications Schedule II through V, for inpatients under the care of the supervising physician, Hawaii Administrative Rules, Title 16, Chapter 85.

_____ _____ _____
Date Supervising Physician's Signature Title/Specialty

FILL OUT FORM COMPLETELY. INCOMPLETE FORMS WILL BE RETURNED.
ALL APPLICATIONS MUST BE RECEIVED IN OUR OFFICE BY EXPIRATION DATE OR A LATE FEE WILL BE CHARGED.

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Phone (808) 837-8470 / Fax (808) 837-8474

This is to inform you that your ***ANNUAL*** registration to handle controlled substances will be **expiring within 60 days**. This reminder is being sent to you as a courtesy, and it is your responsibility to renew your application annually.

You must receive and post a Certificate of Registration from ***both,*** the State NED (our office) and the Federal Drug Enforcement Administration (DEA) to be in compliance to handle controlled substances. (Call 808/541-2821 for a DEA application).

PLEASE SUBMIT THE FOLLOWING TO THE ABOVE ADDRESS:

1. APPLICATION (Incomplete applications will be returned and charged a late fee if we do not receive it by the expiration date.)
2. PHOTOCOPY OF YOUR CURRENT HAWAII STATE LICENSE (wallet size)
3. CLEAR PHOTOCOPY OF YOUR CURRENT FEDERAL DRUG ENFORCEMENT ADMINISTRATION (DEA) CERTIFICATE
4. CHECK OR MONEY ORDER PAYABLE TO ***NARCOTICS ENFORCEMENT DIVISION*** FOR THE REQUIRED FEE AS FOLLOWS: (Service fee of $15.00 will be charged for all returned checks and your certificate will be instantly suspended.)

A. PHARMACY	$60.00
B. CLINIC	$60.00
C. PRACTITIONER	$60.00
D. PHYSICIAN ASSISTANT	$60.00
E. DISTRIBUTOR	$75.00
F. RESEARCHER	$60.00
G. LABORATORY	$60.00
H. MANUFACTURER	$100.00
I. NARCOTICS TREATMENT PROGRAM	$60.00
J. LONG TERM CARE FACILITY	$60.00
K. LAW ENFORCEMENT	NONE
L. FEDERAL, STATE, OR CITY OFFICIAL	NONE
M. LATE FEE	$25.00
If we do not RECEIVE your application by your expiration date, submit a late fee ***IN ADDITION*** to your registration fee. Hawaii Administrative Rules, Title 23, Chapter 200-7(d).	
N. DUPLICATE CERTIFICATE REQUEST	$10.00

Mail renewal applications no later than 10 working days before the end of your expiration month to allow for application processing. Failure to renew your controlled substance registration by your expiration date shall cause the registration to be automatically forfeited, Chapter 329-32(h), Hawaii Revised Statutes (HRS). Any person who attempts to administer, prescribe, or dispense a controlled substance without a valid state controlled substance registration, shall be in violation of Chapter 329-42, Prohibited Acts C—Penalties, HRS. Pharmacies will be notified of the expired registration and will not fill any controlled substance prescriptions.

Revised 11/02