DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH

GUAM CONTROLLED SUBSTANCES REGISTRATION (GCSR)
INDIVIDUAL REGISTRANT & PRACTITIONER APPLICATION

EMAIL: DPHSS-DEH@DPHSS.GUAM.GOV
PHONE: 671-922-2533

Point of Contact: _____
Contact Number: _____ Ext: _____
Email: _____

TO PRESCRIBE, ADMINISTER, AND/OR DISPENSE CONTROLLED SUBSTANCES

PLEASE TYPE/PRINT CLEARLY AND ACCURATELY

New ☐ **Renewal** ☐ **Re-Issuance** ☐ **Amendment** ☐ *Select "Amendment" for any of the following: Conversion from temporary GCSR to permanent GCSR, or any changes on the GCSR Certificate.*

1. Applicant's Name: _____ Phone: _____
   (Last Name) (First Name) (Middle Initial)
2. Pharmacy/Clinic/Hospital: _____ Phone: _____
3. Physical Address: _____
4. Mailing Address: _____
   (*If different from physical address.)*
5. Please Check: [√]

PRACTITIONER:			
APRN	☐	DPM	☐
CP	☐	DVM	☐
DDS	☐	MD	☐
DMD	☐	PA	☐
DO	☐		

CATEGORY:	
Clinic	☐
Hospital	☐
Pharmacy	☐
Researcher	☐
Wholesaler	☐

STATUS:	
Civilian	☐
Gov. Guam	☐

SCHEDULE II:	
Narcotic	☐
Non-Narcotic	☐
SCHEDULE III:	
Narcotic	☐
Non-Narcotic	☐

SCHEDULE IV	☐
SCHEDULE V	☐

	YES	NO
6. Are you currently authorized under the laws of Guam to practice your profession/business? ***If yes, a copy of your Guam Board of Examiner's Certificate MUST accompany this form.***	☐	☐
7. Are you currently authorized to prescribe, administer, and/or dispense controlled substances by the Controlled Substances Program, Division of Environmental Health of the Department of Public Health and Social Services? If yes, please indicate: Guam Controlled Substance Registration #: _____ Expiration Date: _____	☐	☐
8. Are you currently registered with the U.S. Drug Enforcement Administration for the activity indicated above? ***If yes, a copy of your DEA registration MUST accompany this form.*** If yes, please indicate: DEA Number: _____ Expiration Date: _____	☐	☐
9. Have you ever been convicted of a felony under the territorial, state, or federal laws relating to the Controlled Substances Act? ***If yes, please PROVIDE a written statement of date, location, and outcome of such conviction.***	☐	☐
10. Has any previous registration for controlled substance been surrendered, revoked, or suspended, or is pending such action? ***If yes, please PROVIDE a written statement of date, location, and outcome of such action.***	☐	☐
11. Make a check payable to "Treasurer of Guam." ***Please do NOT send cash.***		

Original Signature of Applicant: _____ Date: _____

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

FOR DEH USE ONLY

CSR#: _____ PROCESSED: _____ EXPIRATION: _____ FEE: _____ F/N: _____ STAFF: _____

DEH REVIEW:

CSR SUPERVISOR: _____ BPSI ADMINISTRATOR: _____ CHIEF EPHO: _____

FEE SCHEDULE FOR THE ISSUANCE OF CONTROLLED SUBSTANCE REGISTRATION

Applicants are encouraged to attach copies of (1) U.S. DEA REGISTRATION CERTIFICATE, and (2) GUAM BOARD OF EXAMINER'S certificate of professional licensing to expedite the processing of the application for the Guam Controlled Substances Registration.

Effective January 21, 2018, the following shall be the fee for the acquisition of new and renewal Guam Controlled Substances Registration certificate:

1.	Manufacturer of controlled substances	
	a. New applicant.....	$1000.00
	b. Renewing applicant.....	$1000.00
2.	Distributor of controlled substances	
	a. New applicant.....	$500.00
	b. Renewing applicant.....	$500.00
3.	*Individual Registrant and **Institutional Registrant	
	a. New applicant.....	$500.00
	b. Renewing applicant.....	$500.00
4.	Pharmacy	
	a. New applicant.....	$500.00
	b. Renewing applicant.....	$500.00
5.	Re-issuance of CSR due to loss, amendment, etc.....	$10.00

Any registrant who fails to renew his/her/its CSR thirty calendar days after the expiration date will be considered a new applicant and shall pay the required new applicant fee.

Registrants of Government of Guam agencies (with the exception of the Department of Public Health and Social Services) are not exempt from payment of registration fees.

*Individual Registrants are physicians, dentists, veterinarians, podiatrists, physician's assistants, researchers, and other lawfully licensed persons permitted to manufacture, distribute, and dispense controlled substances in the course of his/her profession, but does not include a pharmacist or a pharmacy.

**Institutional Registrants are hospitals, clinics, or other lawfully licensed establishments wherein dispensing of controlled substances are permitted in the course of that establishment's business but does not include a pharmacist or a pharmacy.

***For information on separate registrations for separate locations, please refer to Section 41606 of the regulations.

To download the "Rules Governing the Manufacture, Distribution, and Dispensing of Controlled Substances," please visit the Department of Public Health and Social Services website: https://dphss.guam.gov/division-of-environmental-health/.

Contact:

Controlled Substances Program
Division of Environmental Health
Department of Public Health and Social Services
Email: DPHSS-DEH@DPHSS.GUAM.GOV
Phone: 671-922-2533

Mailing:

Department Public Health & Social Services
ATTN: Division of Environmental Health
155 Hesler Place
Hagatna, Guam 96910