



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH**



Controlled Substances Program

#123 Chalan Kareta
Mangilao, Guam 96913-6304
Phone: (671) 735-7221
Fax: (671) 734-5556

- Mail to address below
 Pick-Up

Point of Contact: _____
Contact Number: _____

APPLICATION TO PRESCRIBE, ADMINISTER, AND/OR DISPENSE CONTROLLED SUBSTANCES

PLEASE TYPE/PRINT CLEARLY AND ACCURATELY

New [] Renewal [] Re-issuance [] Amendment []

1. Applicant's Name: _____ Phone: _____
2. Pharmacy/Clinic: _____ Phone: _____
3. Address: _____
(Physical location)
4. Mailing: _____
(If different from physical address)

5. Please Check: []

PRACTITIONER:

APRN [] DPM []
CP [] DVM []
DDS [] MD []
DMD [] PA []
DO [] Other []

CATEGORY:

CLINIC []
HOSPITAL []
PHARMACY []
RESEARCHER []
WHOLESALER []

STATUS:

CIVILIAN []
GOVGUAM []

SCHEDULE II:

Narcotic []
Non-Narcotic []

SCHEDULE III:

Narcotic []
Non-Narcotic []

SCHEDULE IV []

SCHEDULE V []

6. Are you currently authorized under the laws of Guam to practice your profession/business? Yes No

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? Yes No

If yes, please indicate: Guam Controlled Substances Registration # _____ Expiration Date: _____.

8. Are you currently registered with the U.S. Drug Enforcement Administration for the activity indicated above?

Yes No

IF YES, A COPY OF YOUR DEA REGISTRATION MUST ACCOMPANY THIS FORM.

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? Yes No If yes, please provide 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?

Yes No

If yes, please provide written statement of date, location, and outcome of such action.

11. Make check payable to "Treasurer of Guam." ***Please do NOT send cash.***

Signature of Applicant: _____

Date: _____

FOR DEH USE ONLY

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED