New Jersey Office of the Attorney General
Division of Consumer Affairs
Drug Control Unit
124 Halsey Street, 6th Floor, P.O. Box 45045, Newark, NJ 07101
(973) 504-6351

Controlled Dangerous Substance Registration

Instruction sheet

Enclosed is a Controlled Dangerous Substance (C.D.S.) application, which you are required to submit pursuant to N.J.S.A. 24:21-1 et seq. Registration is required for every person who, or firm that, manufactures, prescribes, distributes, dispenses or conducts research or analysis utilizing controlled dangerous substances.

A New Jersey C.D.S. registration is issued only for a New Jersey location. Be sure to include a $40.00 check or money order, payable to "State of New Jersey." It will take 4-6 weeks to process this application. Your C.D.S. registration will be mailed to the mailing address on file with your professional licensing board.

Please note:

1. If you have a current D.E.A. number in another state and plan to discontinue practice in that state, you may transfer that D.E.A. number to New Jersey by providing the following to the Drug Enforcement Administration, 80 Mulberry Street, Newark, New Jersey 07102, (888-356-1071) *www.deadiversion.usdoj.gov*:

   a. a copy of your New Jersey professional license or a verification letter from the licensing board;
   b. a copy of your New Jersey C.D.S. registration or a verification letter;
   c. a copy of your out-of-state D.E.A. registration; and
   d. a letter requesting an address change to the same address that is on your New Jersey C.D.S. registration.

   A D.E.A. number is only valid in the state listed on the certificate.

2. If you plan to practice in both New Jersey and the state(s) where you currently hold a D.E.A. registration(s), you must also obtain a D.E.A. registration for New Jersey. Please contact the D.E.A. at the address indicated above and complete the New Jersey application.

3. In order to complete the attached application, please note:

   a. A dispenser/prescriber/ practitioner includes medical doctors, doctors of osteopathy, dentists, optometrists, veterinarians, and podiatrists. A mid-level dispenser/prescriber/practitioner includes physician assistants, advanced practice nurses and certified nurse midwives. Pharmacies must complete a separate application.
   b. Every person or firm handling controlled dangerous substances in New Jersey is required to have both a state and federal registration for that purpose. Federal facilities **do not** require registration.
   c. The address supplied must be current and an actual location where controlled dangerous substances will be stored, prescribed, dispensed, etc. **The address cannot be solely a post office box.**
   d. Dentists and optometrists may only register at the address for which they hold a current registration issued by their board and at which the C.D.S. registration is required pursuant to 3(c) above.
   e. Individual practitioner applicants (medical doctors, dentists, veterinarians, etc.) must use their own name, not professional association/corporation or partnership information.
   f. Pharmacies are required to use their common trading name (e.g. David Pharmacy), not a business or corporate name.
   g. Dispensers/Prescribers must have an active and current New Jersey professional license number. **Please write in your New Jersey professional license number in "Section B" of the application.**

   - **Advanced Practice Nurses may prescribe controlled dangerous substances, but may not purchase or maintain any stock supplies of any C.D.S. medication.**
   - **Optometrists are authorized to prescribe/dispense only Schedule III, IV and V controlled substances and must have an O.M. number registered with their board.**

4. If more space is required for your response to any question on the application, please submit a separate sheet of paper identifying the section(s) to which you are responding.

If we can be of further assistance, please call 973-504-6351.

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Newark, NJ 07101

Please type or print clearly.

Initial Application for Registration for Dispenser – Pharmacy

New Jersey Controlled Dangerous Substances Act
N.J.S.A. 24:21-1 et seq.

Section A: All of the items in this section must be completed.

1. Provide the applicant's name and the place of business to be registered (do not use solely a P.O. box). **Registration will be provided for New Jersey locations only.** If the registration is for a University of Medicine and Dentistry of New Jersey facility, include the department, room number, designation, e.g. MEB, MSB, etc. The address of record must be your pharmacy/facility location.

_____
Pharmacy permit trade name

_____
Last name First name MI
C.D.S. – Responsible Individual

_____
Department Room number

_____
Street address

_____ New Jersey _____
City ZIP code

_____ _____
Home telephone number (include area code) Business telephone number (include area code)

Note: ***Please note that the above-registered address is subject to inspection pursuant to N.J.S.A. 24:21-31 & 32.***

2. Registration requested as: Dispenser ($40)
Make the check or money order payable to: State of New Jersey

3. Registration requested in the following Schedule(s):
Schedule ☐ II ☐ III ☐ IV ☐ V

4. (a) Has any restriction been imposed which would affect your privilege to hold a controlled dangerous substances (C.D.S.) registration for Schedule II, III, IV or V substances in New Jersey, any other state, the District of Columbia or in any other jurisdiction?* ☐ Yes ☐ No

(b) Have you been arrested, indicted or convicted of a crime in connection with controlled substances under federal law or the laws of New Jersey, any other state, the District of Columbia or any other jurisdiction?* ☐ Yes ☐ No

(c) Have you ever surrendered a controlled drug registration or had a controlled drug registration revoked, suspended or denied in New Jersey, any other state, the District of Columbia or in any other jurisdiction?* ☐ Yes ☐ No

(d) If the applicant is a corporation, association, or partnership: has any officer, partner, stockholder holding 10% or more of the outstanding shares or employee who has access to controlled dangerous substances been convicted of a crime in connection with controlled substances under federal law or the laws of New Jersey, any other state, the District of Columbia or any other jurisdiction?* ☐ Yes ☐ No

(e) If the applicant is a corporation, association, or partnership: has any officer, partner, stockholder holding 10% or more of the outstanding shares or employee who has access to controlled dangerous substances surrendered a controlled drug registration, had a controlled drug registration suspended, revoked, or denied, or owned or worked for an entity which has surrendered or had revoked, suspended, or denied a controlled drug registration under federal law or the laws of New Jersey, any other state, the District of Columbia or any other jurisdiction?* ☐ Yes ☐ No

*** If "Yes," attach a letter setting forth the circumstances of such action.**

Section B: Pharmacy Licensure Information

Pharmacy permit number _____

Section C: Business Information

1. List the name, address and telephone number of the person who has administrative or managerial responsibility for the registered location.

2. List the name, address and telephone number of the registered agent (if a corporation) or the name and address of the New Jersey resident upon whom process may be served (if a nonresident proprietor or partner).

Section D: Certification

I, _____ being duly sworn, depose and say under penalty of false statement, that I am the person described and identified intis application; that the information given in this application and all submitted materials contain no willful misrepresentations and that the information is true and complete. I understand that should an investigation at any time disclose otherwise, my application may be rejected, and I may face legal sanctions if I am already registered. I understand that in signing this application for registration, I am consenting to any reasonable inquiry that may be necessary to verity the information that I have provided on this form or may provide in conjunction with this application.

_____
Applicant's signature

_____
Date

For State Use Only

C.D.S. number_____ Effective date _____ Expiration date _____

Retain the last copy for your records. Mail the remaining copies with your fee to the above address.