

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA) | formerly Division of Drug Control



4201 Patterson Avenue - 5th Fl., Baltimore, Maryland 21215

Website: <http://dhmh.maryland.gov/OCSA> ■ Email: OCSA@Maryland.Gov

Main Office: (410) 764-2890 ■ Fax: (410) 358-1793 ■ Customer Service: (410) 764-5910, (410) 764-7980, (410) 764-4159

(Revised: 8/19/16)

PRACTITIONER	3-YEAR CDS REGISTRATION APPLICATION	CDS #: <u>ma1900</u>
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FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION	Processor Initials: _____ Date: ____/____/____ Note: _____
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Do Not Write In This Section.

SEE INSTRUCTIONS ATTACHED. COMPLETE SECTIONS 1, 2 AND 3 BELOW. SIGN, DATE APPLICATION AND INCLUDE PAYMENT. APPLICATIONS TORN IN HALF, INCOMPLETE OR WITHOUT PAYMENTS WILL BE RETURNED, WHICH DELAYS PROCESSING. **REQUIRED:** UPDATED DELEGATION AGREEMENT, RESEARCHER QUESTIONNAIRE, DOCUMENTATION LISTED IN INSTRUCTIONS, AND EMAIL ADDRESS FOR RENEWAL NOTIFICATION. **KEEP A COPY OF APPLICATION.**

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND FEE EXEMPT DETAILS

- A. CLASSIFICATION-Check only one box:** MD DDS DMD DO DPM DVM VMD CRNP CNM EMS/MedDir
 PA/New: Attach Delegation Approval Email or Letter (Required) PA/Renewal: Insert Supervising Physician name _____ (Required)
 Researcher Schedule I (Prior DEA Approval) Researcher Schedules II, III, IV, V (All Researchers must submit a Researcher Questionnaire.)
 See instructions for other documentations required. Lawful registration requires separate application for each Profession.

B. FEE PAYMENT DETAILS	FOR OFFICE USE ONLY	C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES
(Fee Payable to DHMH-OCSA/ formerly DDC)	App. Receive Date: ____/____/____	CHECK TYPE: <input type="checkbox"/> State <input type="checkbox"/> Local (Agency Unit Code):
	Deposit Date: <u>12/19/16</u>	Agency/Institution Name
TYPE	Check/Mo #: <u>5/48</u>	Division/Department
Renewal**	Processor Initials: <u>AM</u>	Agency/Institution Business Address
New	Do not write in this section.	Contact Telephone #
Address Change Only		Print Certifier Name
Name Change Only		Title of Certifier
Duplicate CDS Permit		Date: ____/____/____
Discontinuation (List Reason):		(Signature of Certifier)

(Fees are Non-Refundable.)

**No fee for name/address change at time of renewal.

SECTION 2: APPLICANT DETAILS

SECTION 3: PROFESSIONAL LICENSE DETAILS

<p>A. Name (print)</p> <p>(First) Mari (M.I.) (Last) Bentley</p> <p>B. Business Name Whole Woman's Health of Baltimore</p> <p>C. Maryland Business Address (Triggers Inspection if Not Provided) No. 7648 Street: Belair Road City/State/Zip Code: Baltimore, MD, 21236</p> <p>D. Mailing Address City/State/Zip</p> <p>E. Home Address City/State/Zip</p> <p>F. Telephone Nos. Business No.: 410-661-2903 Fax No.: Alternate or Cell No.:</p> <p>G. Email* (Required)</p> <p>H. If you are a practitioner or researcher who prescribes CDS, are you registered with the Prescription Drug Monitoring Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If not, click here to register. <u>Pending - will register when CDS granted</u></p>	<p>A. Professional License Expiration Date: 09/30/18</p> <p>B. Federal DEA #: Expiration Date: ____/____/____</p> <p>C. Social Security or Tax #</p> <p>D. Is your professional license currently or has it ever been denied, suspended, restricted, revoked, reprimanded or placed on probation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>E. Is your license currently under any restriction or on probation for reasons related to CDS by a Health Occupations Board, a State or federal agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>F. Has there been adverse action taken against your Professional license in another state/country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>G. Have you ever been convicted of a felony violation or a violation pertaining to your profession? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="background-color: #e0e0e0; text-align: center;">If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.</p> <p>SIGNATURE: _____</p> <p style="text-align: right;">DATE: <u>12/05/16</u></p>
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Your signature attests to the fact that the information provided is accurate. It is the sole and continuing responsibility of the CDS Registrant to ensure the Office of Controlled Substances Administration (OCSA) has the correct and current address information on file for the issued CDS Registration.

REGISTRATION / CERTIFICATE

USE FORM BELOW FOR NAME AND/OR ADDRESS CHANGES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
MUST BE NOTIFIED OF THESE CHANGES IMMEDIATELY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
4201 PATTERSON AVE. BALTIMORE, MD 21215
Telephone number: 410-764-2890

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

MARI BENTLEY MD

CDS REG. NO.

EXPIRATION DATE

M91900

11/30/2019

MARI BENTLEY MD

[Signature]
Chief, Office of Controlled
Substances Administration

[Signature]
Secretary of Health and Mental Hygiene



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION
4201 PATTERSON AVE. BALTIMORE, MD 21215
Telephone number: 410-764-2890

This registration is granted pursuant to title 5 of the Criminal Law Article of the Annotated Code of Maryland, as amended from time to time and is subject to all applicable statutes, rules and regulations regarding Controlled Dangerous Substances.

CDS REG. NO.

M91900

11/30/2019

EXPIRATION DATE

MARI BENTLEY MD

WHOLE WOMAN'S HLTH OF BALTO.
7648 BELAIR ROAD
BALTIMORE MD 21236

(Non Transferable)

[Signature]
Van T. Mitchell
Secretary of Health and Mental Hygiene

[Signature]
Audrey P. Clark
Chief, Office of Controlled
Substances Administration

POST IN A CONSPICUOUS PLACE

ADDRESS AND/OR NAME CHANGE
FEE \$50-PAYBLE TO DHMH-OFFICE OF
CONTROLLED SUBSTANCES ADMINISTRATION

ADDRESS AND/OR NAME CHANGE, PLEASE PRINT

- Check box: Business Address Change
- Name Change Request:
Attach Court Documents
- Mailing Address Change - No Fee
(other than the address on the CDS permit)

Please complete information at right,
Detach and return to:
Office of Controlled Substances Administration
Please print.

CDS Registration Certificate Number

[Grid for CDS Registration Certificate Number]

Professional / State DHMH Establishment License Number

[Grid for Professional / State DHMH Establishment License Number]

Last Name and Generational Indicator (JR., III, etc.)

[Grid for Last Name and Generational Indicator]

First Name and Middle Name/Initial

[Grid for First Name and Middle Name/Initial]

Business Name and Street Address

[Grid for Business Name and Street Address]

City

[Grid for City]

State Abbreviated

[Grid for State Abbreviated]

Zip Code

[Grid for Zip Code]

Telephone Number

[Grid for Telephone Number]