

CHARLIE BROWNE MD
13233 EXECUTIVE PARK TERRACE
GERMANTOWN MD 20874

State of Maryland



DEPARTMENT OF
OFFICE
4201 PAT
Telephone

**This registration is granted pursuant to title 5 of the Criminal Law
amended from time to time and is subject to all applicable statute
Dangerous Substances.**

CHARLIE BROWNE MD

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 #: m90565

**FOR
OFFICE
USE ONLY:
APPLICATION
AUDIT
CONTROL
SECTION**

Processor Initials: _____

Date: ____/____/____

Note: _____

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: 3/3/17

Deposit Date: 3/8/17

Check/Mo #: 8265

Processor Initials: CM

Do not write in this section.

TYPE	FEE
Renewal**	<input type="checkbox"/> \$120
New	<input checked="" type="checkbox"/> \$120
Address Change Only	<input type="checkbox"/> \$50
Name Change Only	<input type="checkbox"/> \$50
Duplicate CDS Permit	<input type="checkbox"/> \$30
Discontinuation (List Reason):	<input type="checkbox"/> \$0

(Fees are Non-Refundable.)

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

CHECK TYPE: ☐ State ☐ Local (Agency Unit Code):

Agency/Institution
Name

Division/Department

Agency/Institution
Business Address

Contact Telephone #

Print Certifier Name

Title of Certifier

Date: ____/____/____

(Signature of Certifier)

SECTION 2: APPLICANT DETAILS

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Name (print)
 (First) CHARLIE
 (M.I.)
 (Last) BROWNE

B. Business Name Germantown Reproductive Health Services

C. Maryland Business Address (Triggers Inspection If Not Provided)
 No. 13233 Street: Executive Park Terrace
 City/State/Zip Code: Germantown MD 20874

D. Mailing Address
 City/State/Zip: 13233 Executive Park Terrace
 Germantown MD 20874

E. Home Address
 City/State/Zip: _____

F. Telephone Nos.
 Business No.: 301-353-9200
 Fax No.: 301-601-4318
 Alternate or Cell No. _____

G. Email* (Required) _____

H. If you are a practitioner or researcher who prescribes CDS, are you registered with the Prescription Drug Monitoring Program? ☐ Yes ☒ No
 If not, click here to register.

A. Professional License Expiration Date: 9/30/18

B. Federal DEA #: _____ Expiration Date: 7/31/19

C. Social Security or Tax #: _____

D. Is your professional license currently or has it ever been denied, suspended, restricted, revoked, reprimanded or placed on probation? ☐ Yes ☒ No

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? ☐ Yes ☒ No

F. Has there been adverse action taken against your Professional license in another state/country? ☐ Yes ☒ No

G. Have you ever been convicted of a felony violation or a violation pertaining to your profession? ☐ Yes ☒ No

If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.

SIGNATURE: _____ **DATE:** 2.13.17

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.