REGISTRATION / CERTFICATION

USE FORM BELOW FOR NAME AND/OR ADDRESS CHANGES.
DRUG CONTROL MUST BE NOTIFIED OF THESE CHANGES IMMEDIATELY

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF DRUG CONTROL
4201 PATTERSON AVE. BALTIMORE, MD 21215
Telephone number: 410-764-2890

MARTHA J CHALMERS MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF DRUG CONTROL

MARTHA J CHALMERS MD

CDS REG. NO	EXPIRATION DATE
M55177	07/31/2019

Chief, Division of Drug Control — Secretary of Health and Mental Hygiene

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF DRUG CONTROL
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.
M55177

07/31/2019
EXPIRATION DATE

MARTHA J CHALMERS MD
MARTHA J CHALMERS MD LLC
647 RIDGELY AVENUE
ANNAPOLIS MD 21401

(Non Transferable)

Van T. Mitchell
Secretary of Health and Mental Hygiene

Audrey P. Clark
Chief, Division of Drug Control

POST IN A CONSPICUOUS PLACE

MDH - OCSA PIA DOCUMENT

ADDRESS AND/OR NAME CHANGE
FEE $50-PAYBLE TO DHMH-DRUG CONTROL

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 Drug Control.
Please print.

ADDRESS AND/OR NAME CHANGE, PLEASE PRINT

CDS Reg. Cert. No.

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

First Name and Middle Name/Initial

Street Adress

City

State Abbreviated

Zip Code

Telephone Number

Revised 2/08

MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES

DIVISION OF DRUG CONTROL REGISTRATION FOR CONTROLLED DANGEROUS SUBSTANCES (CDS)

4201 Patterson Avenue – 5th Fl., Baltimore, Maryland 21215
DDC Website: http://dhmh.maryland.gov/drugcontrol ▪ DDC Email: MDDC@Maryland.Gov
Main Office: (410) 764-2890 ▪ Fax: (410) 358-1793 ▪ Customer Service: (410) 764-5910, (410) 764-7980, (410) 764-4159

(Revised: 4/26/16)

PRACTITIONER APPLICATION	3-YEAR CDS REGISTRATION/CERTIFICATION	CDS #: M55177

RECEIVED AUG 05 2016

FOR OFFICE USE ONLY APPLICATION SECTION — Processor Initials: ______ Date: __/__/__

Do Not Write In This Section.

7/31/16

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/Med.Dir.
☐PA/New: Insert Physician name ______________________ (Required) ☐PA/Renewal: Attach Delegation Agreement (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 (Fee Payable to DHMH-Drug Control)

TYPE	FEE
Renewal**	☒ $120
New	☐ $120
Address Change Only	☐ $50
Name Change Only	☐ $50
Duplicate CDS Permit	☐ $30
Discontinuation (List Reason):	☐ $0

(Fees are Non-Refundable.)

FOR OFFICE USE ONLY

App. Receive Date:	8/4/16
Deposit Date:	8/5/16
Check/Mo #:	1053
Processor Initials:	AM

Do not write in this section.

C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES

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)

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

SECTION 2: APPLICANT DETAILS

A. Name (print)	(First)	Martha
	(Middle)	Joan
	(Last)	Chalmers
B. Business Name Maryland Business Address Required City/County/State/Zip		Martha J Chalmers, MD LLC 647 Ridgely Ave Annapolis, MD 21401
C. Mailing Address		
City/State/Zip		
D. Home Address		
City/State/Zip		
E. Telephone Nos.	Business No.:	443-926-9265
	Fax No.:	443 569-7449
	Alternate or Cell No.:	
F. Email* (Required)		

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Professional License #	Expiration Date: 9/30/16
B. Federal DEA #:	Expiration Date: 03/31/16
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:** 7/18/2016 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 Division of Drug Control (DDC) has the correct and current address information on file for the issued CDS Registration.

MDH-OCSA PIA DOCUMENT

APPLICATION FOR CONTROLLED DANGEROUS SUBSTANCES REGISTRATION
MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF DRUG CONTROL
4201 Patterson Avenue
Baltimore, Maryland 21215 Telephone (410) 764-2890

Initial & Renewal Registration Fee $120-payable to DHMH-Drug Control.
Change of Ownership for Establishment Only-Registration Fee $144.
Address/Name Change (Only) Fee-$50. Replacement (Duplicate) Permit Fee-$30

CDS # M55177

[ ] New [X] Renew [ ] Change of Ownership [ ] Cancel

Martha J Chalmers, MD

7/31/14

MDH - OCSA PIA DOCUMENT

TO BE LAWFULLY REGISTERED, CHECK ONLY ONE CLASSIFICATION UNDER EITHER ESTABLISHMENT OR PRACTITIONER. (A SEPARATE APPLICATION IS REQUIRED FOR EACH CLASSIFICATION).

ESTABLISHMENT	PRACTITIONER
1 ( ) Manufacturer-FDA License	1 (X) MD
2 ( ) Distributor	2 ( ) DDS
3 ( ) Methadone Program	3 ( ) DMD
4 ( ) Pharmacy	4 ( ) DVM
5 ( ) Hospital	5 ( ) VMD
6 ( ) Nursing Home/	6 ( ) DPM
( ) Long Term Care- Attach copy of OHCQ License	7 ( ) DO
	8 ( ) Researcher Schedules II,III,IV,V
7 ( ) Importer	
8 ( ) Exporter	9 ( ) Researcher Schedule I
9 ( ) Laboratory	10 ( ) CRNP *Note*
10 ( ) Research Schedules II, III, IV, V	Attestation Approval Month/Yr.
11 ( ) Research Schedule I	11 ( ) CNM *Note*
12 ( ) Clinic-OHCQ License	Collaborative Approval Month
13 ( ) Drug/Alcohol Program	
14 ( ) Ambulance	12 ( ) PA **Note**
15 ( ) Research Schedule I-Chemical	
16 ( ) Research Schedule I-V (K9)	
17 ( ) Animal Control Facility	Owner's Name
22 ( ) Assisted Living – Attach copy of OHCQ License	

*CRNP's, CNM's, & PA's-Must have an approved "Attestation, Addendum Document or Collaborative Plan" * from (MBON) or "Delegation Approval Letter"** from (BOP) to prescribe controlled substances. If the "Attestation, Addendum or Collaborative Plan" is not posted on the (MBON) website or "Delegation Agreement" is not approved, please do not mail in your CDS application until its approval. (CDS applications CANNOT be processed without an approved "Attestation, Addendum or Collaborative Plan"* or "Delegation Agreement"**).

MAILING ADDRESS. (Mail permit to other than the address above)

STREET ADDRESS 1: 647 Ridgely Ave

STREET ADDRESS 2:

CITY: Annapolis STATE: MD ZIP: 21401

Revised 9/2012

Check, if exempt from fee. Circle local, state or federal official. Contractor-Operated Institutions are not exempt from fee.

Signature of Certifying Official & Date ____
Print Certifying Official's Name & Title ____
Certifying Official Telephone Number ____
Government Institution's Name & Agency ____

BUSINESS NAME ____

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

A practitioner must provide a Maryland physical business address where controlled dangerous substances are stored, administered or prescribed/dispensed.

Martha J Chalmers, MD
PRACTITIONER LAST NAME OR ESTABLISHMENT NAME (DBA: Doing Business As)

PRACTITIONER FIRST NAME AND INITIAL OR ESTABLISHMENT NAME CONT'D

647 Ridgely Ave
PHYSICAL BUSINESS STREET ADDRESS 1

PHYSICAL BUSINESS STREET ADDRESS 2

Annapolis, MD 21401
CITY STATE ZIP CODE

MD PROFESSIONAL LICENSE # OR DHMH STATE ESTABLISHMENT LICENSE # & EXP. DATE: 9/16

SIGNATURE & DATE: 7/25/2014

TELEPHONE NUMBER:

E-MAIL ADDRESS:

Federal DEA number or if pending write the word "Pending" in the space please print number & expiration date:

SOCIAL SECURITY NUMBER or FEDERAL TAX ID NUMBER

(1) Has your license been denied, suspended, or revoked?

YES ( ) NO (X)

(2) Have you been convicted of any violation of law pertaining to your profession?

YES ( ) NO (X)

If you answered YES to either of the above questions, please submit a detailed explanation, unless previously submitted.

This form must be signed and returned even if you do not wish to renew.
State reason for not renewing:

Researchers, Research Facilities and Clinics must complete and attach the Establishment or Researchers Questionnaire Form along with the CDS application. To download the Questionnaire Form, go to Division of Drug Control website: http://dhmh.maryland.gov/laboratories/drugcont/

FOR OFFICE USE ONLY

Date Appl. Rcd: 7.31.14 Check/MO #: 1037
Amount Rcd.: 120 Amount Owed:
Date Appl. Returned:
Comments:

RECEIVED
JUL 28 2014
DIVISION OF DRUG CONTROL