

REGISTRATION / CERTIFICATION

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

CRISTINA P HAMILL MD
BLDG 140, CAMPUS DR
UNIVERSITY OF MARYLAND
COLLEGE PARK MD 20742

DEPARTMENT OF HEALTH AND MENTAL
HYGIENE
DIVISION OF DRUG CONTROL

CRISTINA P HAMILL MD

CDS REG. NO.

EXPIRATION DATE

M54669

08/31/2017

[Signature]

Chief, Division of Drug Control

[Signature]

Secretary of Health and Mental Hygiene

State of  Maryland

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.

M54669

08/31/2017

EXPIRATION DATE

CRISTINA P HAMILL MD
BLDG 140, CAMPUS DR
UNIVERSITY OF MARYLAND
COLLEGE PARK MD 20742

20742

[Signature]

Van T. Mitchell
Secretary of Health and Mental Hygiene

[Signature]

Audrey P. Clark
Chief, Division of Drug Control

(Non Transferable)

POST IN A CONSPICUOUS PLACE

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

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 Drug Control.
Please print.

CDS Reg. Cert. No.

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

First Name and Middle Name/Initial

Street Address

City

State Abbreviated

Zip Code

Telephone Number

Revised 2/08

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

Check box, if exempt from fee: ☐ Local official ☒ State official

Contractual Employees and Contractor-Operated Institutions are not
exempt from fee.

**Division of Drug Control will no longer issue a fee-exempt
Registration/Certification to Federal establishments,
practitioners and researchers.**

PLEASE PRINT LEGIBLY OR TYPE ALL INFORMATION

Signature of Certifying Official & Date

Print Certifying Official's Name & Title

Certifying Official Telephone Number

Government Institution's Name & Agency

BUSINESS NAME

PRACTITIONER LAST NAME OR ESTABLISHMENT NAME (DBA: Doing
Business As)

PRACTITIONER FIRST NAME AND INITIAL OR ESTABLISHMENT NAME
CONT'D

MD PHYSICAL BUSINESS STREET ADDRESS 1

MD PHYSICAL BUSINESS STREET ADDRESS 2

CITY STATE ZIP CODE

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

SIGNATURE & DATE

TELEPHONE NUMBER

E-MAIL ADDRESS:

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

SOCIAL SEC. NO. (last 4-digits) or FED. TAX ID NO. (business entity only)

(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://djhmb.maryland.gov/laboratories/drugcontrol/>

OFFICE USE ONLY

Date Appl. Rcd:

Check/MO #:

Amount Rcd:

Amount Owed:

Date Appl. Returned

Comments:

Submit a check/money order made payable to DHMH-Drug Control.
FEES ARE NON-REFUNDABLE. Incomplete application will be returned.

- ☐ New \$120 ☒ Renew \$120 ☐ Change of Ownership \$144 CDS # M54669
☐ Address/Name Change \$50 ☐ Cancel
☐ Replacement (Duplicate) Permit \$30

CRISTINA P HAMILL MD
BLDG 140, CAMPUS DR
UNIVERSITY OF MARYLAND
COLLEGE PARK MD 20742

CDS License Expiration Date: 8/31/15

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

ESTABLISHMENT

- 1 () Manufacturer - FDA License
2 () Distributor
3 () Methadone Program
4 () Pharmacy
5 () Hospital
6 () Nursing Home
() Long Term Care-
Attach copy of OHCQ License
7 () Importer
8 () Exporter
9 () Laboratory
10 () Research
Schedules II, III, IV, V
11 () Research Schedule I
12 () Clinic - OHCQ License
13 () Drug/Alcohol Program
14 () Ambulance
15 () Research Schedule I-Chemical
16 () Research Schedule I-V (K9)
17 () Animal Control Facility
Owner's Name:

PRACTITIONER

- 1 (X) MD
2 () DDS
3 () DMD
4 () DVM
5 () VMD
6 () DPM
7 () DO
8 () Researcher
Schedules II, III, IV, V
9 () Research Schedule I
10 () CRNP *Note*
Collaborator Name/Attestation Approval
Mo./Yr.
11 () CNM *Note*
Collaborator Name & Approval Mo./Yr.
12 () PA **Note**
Supervising Physician 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

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

STREET ADDRESS 1

STREET ADDRESS 2

CITY

STATE

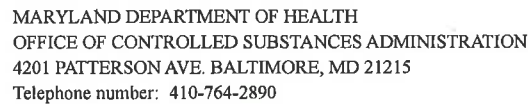
ZIP

Rev. 6/18/2015

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

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

Danni P. Shuda
Secretary of Department of Health



Audrey P. Clark
Chief, Office of Controlled
Substances Administration

Telephone Number

[illegible]



MARYLAND DEPARTMENT OF HEALTH - PUBLIC HEALTH SERVICES
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION (OCSA) / formerly Division of Drug Control

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

OCSA Website: <https://health.maryland.gov/ocsa> ■ OCSA Email: Maryland.OCSA@maryland.gov

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

(Revised: 6/6/17)

PRACTITIONER APPLICATION

2-YEAR CDS REGISTRATION/CERTIFICATION

CDS #: M54669

CRISTINA P HAMILL MD
 BLDG 140, CAMPUS DR
 UNIVERSITY OF MARYLAND
 COLLEGE PARK MD 20742

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

Proc
 Date:
 Note

Expiration Date: 8/31/17 → 8/31/19

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

DDC Fee Exempt Approval	
Supervisor: <i>[Signature]</i> Note: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Inspector: <i>[Signature]</i> Note: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Date/Initial: <i>9/20/17</i>	Date/Initial: <i>12/1/17</i>

SECTION 1: APPLICATION CLASSIFICATION, TYPE, PAYMENT AND

A. CLASSIFICATION-Check only one box ☒ BDS ☒ MD ☐ DDS ☐ DMD ☐ DO ☐ D
☐ PA/New: Attach Delegation Approval Email or Letter (Required) ☐ PA/Renewal: Insert Supp
☐ Researcher Schedule I (Prior DEA approval) ☐ Researcher Schedules II, III, IV
 See instructions for other documentations required. Lawful registration requi

B. FEE PAYMENT DETAILS

FOR OFFICE USE ONLY

C. FEE EXEMPT DETAILS FOR GOVERNMENT

(Fee Payable to MDH-OCSA/ formerly DDC)		App. Receive Date: <i>9/17/17</i>	CHECK TYPE: <input checked="" type="checkbox"/> State <input type="checkbox"/> Local (Agency Unit Code):	
TYPE	FEE	Deposit Date: <i>9/17/17</i>	Agency/Institution Name	<i>U. of MD</i>
Renewal**	<input type="checkbox"/> \$80	Check/Mo #: <i>N/A</i>	Division/Department	<i>Health Center</i>
New	<input type="checkbox"/> \$80	Processor Initials: <i>cm</i>	Agency/Institution	<i>140 Campus Dr.</i>
Address Change Only	<input type="checkbox"/> \$50	Do not write in this section.		
Name Change Only	<input type="checkbox"/> \$50	RECEIVED		
Duplicate CDS Permit	<input type="checkbox"/> \$30	SEP 20 2017		
Discontinuation (List Reason):	<input type="checkbox"/> \$0	OCSA		
(Fees are Non-Refundable.)		Date: <i>8/28/17</i>	(Signature of Certifier)	

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

SECTION 2: APPLICANT DETAILS

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Name (print)	(First) <i>Cristina</i>	A. Professional License	Expiration Date: <i>7/30/2018</i>	
	(M.I.) <i>P</i>		B. Federal DEA #	Expiration Date: <i>10/31/2017</i>
	(Last) <i>Hamill</i>			C. Social Security or Tax #
B. Business Name: <i>Univ. of MD Health Center</i>		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		
C. Maryland Business Address (Triggers Inspection if Not Provided)		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		
No. <i>140</i> Street: <i>Campus Dr.</i>		F. Has there been adverse action taken against your Professional license in another state/country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
City/State/Zip Code: <i>College Park MD 20742</i>		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		
D. Mailing Address		If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.		
E. Home Address				
F. Telephone Nos.	Business No.: <i>301 314 8150</i> Fax No.: Alternate or Cell No.:			
G. Email* (Required)		SIGNATURE	DATE	
H. If you are a practitioner or researcher who prescribes CDS, are you registered with the Prescription Drug Monitoring Program? To register with PDMP go to CRISP website at https://crisphealth.org/. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<i>[Signature]</i>	<i>8/28/2017</i>	

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.