

Applicant Overview Report

Print Date: 12/13/2017

MATTHEW F REEVES

Facility ID:

Classification: **PRACTITIONER**
Profession: **MD**
Status: **LICENSED**
Phone:
Fax:
Applicant email address:

Current CDS #:
Tax ID:
Address: **5530 WISCONSIN AVE STE 1200**
City: **CHEVY CHASE** State: **MD**
County: Zip Code: **20910**

Comments:

Applicant History

<u>Data Changed</u>	<u>Previous Value</u>	<u>New Value</u>	<u>Date</u>	<u>Time</u>	<u>Changed By</u>
Applicant Status	Waiting for Certification	LICENSED	01/08/2014	13:38	MACKO
Reason:					

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

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 # 1
 Address/Name Change \$50 Cancel
 Replacement (Duplicate) Permit \$20

MATTHEW F REEVES MD

CDS License Expiration Date: 11/30/15

REC'D NOV 04 2015

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
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

- 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

Owner's Name:

22 () Assisted Living - Attach copy of OHCQ License
*RNPs, CNMs, & PAs - 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)

(use address above)

STREET ADDRESS 1

STREET ADDRESS 2

CITY

STATE

ZIP

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 N/A

Print Certifying Official's Name & Title _____

Certifying Official Telephone Number _____

Government Institution's Name & Agency _____

BUSINESS NAME (No change)

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 # & EXP. DATE: Exp 9/30/17

SIGNATURE & DATE: 11/2/15

TELEPHONE NUMBER: (no change)

E-MAIL ADDRESS: _____

Federal DEA number or if pending write the word "Pending" in the space
please print number & expiration date: 1 Exp 4/30/17

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://dhmh.maryland.gov/laboratories/drugcont/>

OFFICE USE ONLY

Date Appl. Rcd: 11/6/15 Check/MO #: 1424

Amount Rcd: \$120.00 Amount Owed: _____

Date Appl. Returned 07

Comments: _____

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

MATTHEW F REEVES MD

DEPARTMENT OF HEALTH AND MENTAL
 HYGIENE
 DIVISION OF DRUG CONTROL

MATTHEW F REEVES MD

CDS REG. NO.

EXPIRATION DATE

[Empty box for CDS Reg. No.]

10/31/2017

[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.

[Empty box for CDS Reg. No.]

10/31/2017

EXPIRATION DATE

MATTHEW F REEVES MD

PPMW SILVER SPRING

1400 SPRING ST
 SILVER SPRING MD

20910

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

[Signature]
 Audrey P. Clark
 Chief, Division of Drug Control

POST IN A CONSPICUOUS PLACE

DHMH-1237 (Non Transferable)

ADDRESS AND/OR NAME CHANGE, PLEASE PRINT

ADDRESS AND/OR NAME CHANGE
 FEE \$50-PAYABLE 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.

CDS Reg Cert No.
 [Empty box]

Last Name and Generational Indicator (JR., III, etc.)
 [Empty box]

First Name and Middle Name/Initial
 [Empty box]

Street Address
 [Empty box]

City
 [Empty box]

State Abbreviated
 [Empty box]

Zip Code
 [Empty box]

Telephone Number
 [Empty box]



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 3-YEAR CDS REGISTRATION/CERTIFICATION CDS #: []

MATTHEW F REEVES MD

FOR OFFICE
 USE ONLY:
 APPLICATION
 AUDIT
 CONTROL
 SECTION

Processor Initials: _____
 Date: / /
 Note:

Do Not Write In This Section.

Expiration Date: 10/31/17

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 BDS/MD DDS DMD DO DPM DVM VMD ICRNP CNM EMS/Med.Dir.
 PA/New: Attach Delegation Approval Email or Letter (Required) LPA/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 MDH-OCSA/
 formerly DDC)

App. Receive Date: / /

CHECK TYPE: State Local (Agency Unit Code):

TYPE	FEE
Renewal**	<input checked="" type="checkbox"/> \$120
New	<input 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

Deposit Date: 11/13/17
 Check/Mo #: 113
 Processor Initials: [Signature]

Agency/Institution Name	
Division/Department	
Agency/Institution Business Address	
Contact Telephone #	
Print Certifier Name	
Title of Certifier	

RECEIVED
 NOV 03 2017

(Fees are Non-Refundable.)

Date: / / (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) Matthew
 (M.I.) F
 (Last) Reeves

A. Professional License #: [Signature] Expiration Date: 4/30/19
 B. Federal DEA #: [] Expiration Date: 4/30/20
 C. Social Security or Tax ID#: []

B. Business Name: carafem

C. Maryland Business Address (Triggers inspection if Not Provided)

No. 5530 Street: Wisconsin Ave. Ste 1200

City/State/Zip Code: Chevy Chase, MD 20815

D. Mailing Address: P.O. Box 1120 19th St NW Ste 316

City/State/Zip: Washington, DC 20036

E. Home Address

City/State/Zip

F. Telephone Nos. Business No.: 855-729-2272

Fax No.:

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

To register with PDMP, go to CRISP website at <https://crisphealth.org/>.

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: 10/27/17

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 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

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

MARYLAND DEPARTMENT OF HEALTH
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

MATTHEW F REEVES MD

CDS REG. NO.

EXPIRATION DATE

[Empty Box]

10/31/2020

MATTHEW F REEVES MD
CARAFEM
1120 19TH ST. NW STE 316

WASHINGTON DC 20036

[Signature]

Chief, Office of Controlled
Substances Administration

[Signature]

Secretary of Department of Health

State of Maryland



MARYLAND DEPARTMENT OF HEALTH
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.

MATTHEW F REEVES MD
CARAFEM

5630 WISCONSIN AVE STE 1200

CHEVY CHASE MD 20910

MDH-1237 (Non Transferable)

CDS REG. NO.

[Empty Box]

10/31/2020

EXPIRATION DATE

[Signature]

Dennis R. Schrader

Secretary of Department of Health
POST IN A CONSPICUOUS PLACE

[Signature]

Audrey P. Clark

Chief, Office of Controlled
Substances Administration

ADDRESS AND/OR NAME CHANGE
FEE \$50-PAYABLE TO MDH-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]

Professional / State MDH Establishment License Number

[Grid]

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

[Grid]

First Name and Middle Name/Initial

[Grid]

Business Name and Street Address

[Grid]

City

[Grid]

State Abbreviated

[Grid]

Zip Code

[Grid]

Telephone Number

[Grid]

MDH-1237