

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

DEPARTMENT OF HEALTH AND MENTAL
HYGIENE
DIVISION OF DRUG CONTROL

PEGGY YE MD

CDS REG. NO.

EXPIRATION DATE

M88937

10/31/2017

PEGGY YE MD
106 IRVING STREET NW
POB NORTH SUITE 4700
WASHINGTON DC 20010

[Signature]
Chief, Division of Drug Control

[Signature]
Secretary of Health and Mental Hygiene



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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.

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106 IRVING STREET NW
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WASHINGTON DC 20010

[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.

Grid for CDS Reg. Cert. No.

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

Street Address

Grid for Street Address

City

Grid for City

State Abbreviated

Grid for State Abbreviated

Zip Code

Grid for Zip Code

Telephone Number

Grid for Telephone Number

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 # M88937

New Renew Change of Ownership Cancel

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.

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

Peggy
PRACTITIONER FIRST NAME AND INITIAL OR ESTABLISHMENT NAME CONT'D _____

106 Irving St. NW
PHYSICAL BUSINESS STREET ADDRESS 1 _____

POB North Suite 4700
PHYSICAL BUSINESS STREET ADDRESS 2 _____

Washington DC 20010
CITY STATE ZIP CODE

MD PROFESSIONAL LICENSE # OR DHMH STATE ESTABLISHMENT LICENSE # & EXP. DATE
exp 9/30/17

SIGNATURE & DATE: _____ 10/27/15

TELEPHONE NUMBER: _____

E-MAIL ADDRESS: _____

Federal DEA number or if pending write the word "Pending" in this 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: _____ Oliver (1E)

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

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/ () Long Term Care-	6 () DPM
Attach copy of OHCQ License	7 () DO
7 () Importer	8 () Researcher Schedules II,III,IV,V
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	
22 () Assisted Living - Attach copy of OHCQ License	Owner's Name _____

*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 _____

STREET ADDRESS 2 _____

CITY STATE ZIP

Revised 9/2012

FOR OFFICE USE ONLY	
Date Appl. Recd: <u>11/17/15</u>	Check/MO #: <u>795</u>
Amount Recd: <u>\$120.00</u>	Amount Owed: _____
Date Appl. Returned: _____	
Comments: <u>cm</u>	