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

DIANE HORVATH COSPER MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF DRUG CONTROL

DIANE HORVATH COSPER MD

CDS REG. NO.	EXPIRATION DATE
M85845	05/31/2017

Chief, Division of Drug Control — 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. M85845

05/31/2017
EXPIRATION DATE

DIANE HORVATH COSPER MD
PLANNED PARENTHOOD - SILVER SPR
1400 SPRING ST. SUITE 450
SILVER SPRING MD 20910

(Non Transferable)

Van T. Mitchell
Secretary of Health and Mental Hygiene

Audrey P. Clark
Chief, Division of Drug Control

POST IN A CONSPICUOUS PLACE

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.

Revised 2/08

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

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 # MA5845

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

Temp 26275

5/31/17

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- Attach copy of OHCQ License	6 ( ) DPM
	7 ( ) DO
	8 ( ) Researcher Schedules II,III,IV,V
7 ( ) Importer	
8 ( ) Exporter	9 ( ) Researcher Schedule I
9 ( ) Laboratory	10 ( ) CRNP *Note* Attestation Approval Month/Yr.
10 ( ) Research Schedules II, III, IV, V	
11 ( ) Research Schedule I	11 ( ) CNM *Note* Collaborative Approval Month
12 ( ) Clinic-OHCQ License	
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

STREET ADDRESS 2

CITY STATE ZIP

Revised 9/2012

RECEIVED
JUN 16 2015
DIVISION OF DRUG CONTROL

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.

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

Diane
PRACTITIONER FIRST NAME AND INITIAL OR ESTABLISHMENT NAME CONT'D

Planned Parenthood - Silver Spring Center
PHYSICAL BUSINESS STREET ADDRESS 1

1400 Spring St. Suite 450
PHYSICAL BUSINESS STREET ADDRESS 2

Silver Spring MD 20910
CITY STATE ZIP CODE

MD PROFESSIONAL LICENSE # OR DHMH STATE ESTABLISHMENT LICENSE # & EXP. DATE 9/30/2016

SIGNATURE & DATE: 6/10/15

TELEPHONE NUMBER:

E-MAIL ADDRESS:

Federal DEA number or if pending write the word "Pending" in the space please print number & expiration date: 10/31/15

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: 6/16/15 Check/MO #: 1884
Amount Rcd.: 120 Amount Owed:
Date Appl. Returned:
Comments:

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
OCSA Website: http://dhmh.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: 7/11/16)

PRACTITIONER APPLICATION 3-YEAR CDS REGISTRATION/CERTIFICATION CDS #: M85845

DIANE HORVATH COSPER MD

MAY 11 2017

Expiration Date: 5/31/17 Exp. 5/31/2020

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/Med.Dir.
☐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 (Fee Payable to DHMH-OCSA/ *formerly DDC*)

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: 5/11/17
Deposit Date: 5/11/17
Check/Mo #: 1898
Processor Initials: CSAJT
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) Diane
(M.I.) J.
(Last) Horvath-Cosper

B. Business Name: Whole Woman's Health of Baltimore

C. Maryland Business Address (Triggers Inspection if Not Provided)
No. 7648 Street: Belair Rd
City/State/Zip Code: Baltimore MD 21236

D. Mailing Address
City/State/Zip

E. Home Address
City/State/Zip

F. Telephone Nos.
Business No.: 410-661-2900
Fax No.: 612-376-9665
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/.

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Professional License # Expiration Date: 9/30/18
B. Federal DEA #: Expiration Date: 10/31/18
C. Social Security or Tax ID#:

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:** 5/2/2017

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

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

DIANE HORVATH COSPER MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

DIANE HORVATH COSPER MD

CDS REG. NO	EXPIRATION DATE
M85845	05/31/2020

Chief, Office of Controlled Substances Administration

Secretary of Health and Mental Hygiene

State of Maryland

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

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CDS REG. NO
M85845

05/31/2020
EXPIRATION DATE

DIANE HORVATH COSPER MD
WHOLE WOMENS HLTH OF BALTIMOR
7648 BELAIR RD
BALTIMORE MD 21236

(Non Transferable)

Dennis R. Schrader
Secretary of Health and Mental Hygiene

Audrey P. Clark
Chief, Office of Controlled Substances Administration

POST IN A CONSPICUOUS PLACE

ADDRESS AND/OR NAME CHANGE
FEE $50-PAYBLE TO DHMH-OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

Check box:
- ☐ Business Address Change
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Please complete information at right,
Detach and return to:
Office of Controlled Substances Administration
Please print.

Revised 8/16

ADDRESS AND/OR NAME CHANGE, PLEASE PRINT

CDS Registration Certificate Number

Professional / State DHMH Establishment License Number

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

First Name and Middle Name/Initial

Business Name and Street Adress

City

State Abbreviated

Zip Code

Telephone Number