



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: 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

2-YEAR CDS REGISTRATION APPLICATION

CDS #: M67154

RAEGAN MCDONALD-MOSLEY MD
PLANNED PARENTHOOD OF MD
330 N. HOWARD ST
BALTIMORE

Expiration Date: 8/31/16

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

FOR OFFICE USE ONLY

C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES

(Fee Payable to DHMH-OCSA/ formerly DDC)		App. Receive Date: <u>9 / 7 / 16</u>	CHECK TYPE: <input type="checkbox"/> State <input type="checkbox"/> Local (Agency Unit Code):	
TYPE	FEE	Deposit Date: <u>9 / 7 / 16</u>	Agency/Institution Name	
Renewal**	<input checked="" type="checkbox"/> \$80	Check/Mo #: <u>1614</u>	Division/Department	
New	<input type="checkbox"/> \$80	Processor Initials: <u>CSNT</u>	Agency/Institution Business Address	
Address Change Only	<input type="checkbox"/> \$50	Do not write in this section.	Contact Telephone #	
Name Change Only	<input type="checkbox"/> \$50		Print Certifier Name	
Duplicate CDS Permit	<input type="checkbox"/> \$30		Title of Certifier	
Discontinuation (List Reason):	<input type="checkbox"/> \$0		Date: / /	(Signature of Certifier)
(Fees are Non-Refundable.)				

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

SECTION 2: APPLICANT DETAILS

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Name (print)	(First) <u>Raegan</u> (M.I.) (Last) <u>McDonald - Mosley</u>	A. Professional License #:	Expiration Date: <u>09/30/17</u>
B. Business Name:	<u>Planned Parenthood of Maryland</u>	B. Federal DEA #:	Expiration Date: <u>01/31/17</u>
C. Maryland Business Address (Triggers Inspection if Not Provided)	No. <u>330</u> Street: <u>N. Howard St.</u> City/State/Zip Code: <u>Baltimore, MD 21201</u>	C. Social Security or Tax #:	
D. Mailing Address	City/State/Zip	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	
E. Home Address	City/State/Zip	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	
F. Telephone Nos.	Business No.: <u>410-576-2173</u> Fax No.: <u>410-576-7600</u> Alternate or Cell No.:	F. Has there been adverse action taken against your Professional license in another state/country? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
G. Email* (Required)		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	
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		If yes is the answer to any of the above questions, submit a detailed explanation and copies of pertinent/supporting documentation.	
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.		SIGNATURE	DATE: <u>08/24 / 2016</u>

REGISTRATION / CERTIFICATION

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

RAEGAN MCDONALD-MOSLEY MD

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

RAEGAN MCDONALD-MOSLEY MD

CDS REG. NO.

EXPIRATION DATE

M67154

08/31/2018

[Signature]

Chief, Office of Controlled
Substances Administration

[Signature]

Secretary of Health and Mental Hygiene



DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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.

CDS REG. NO.

M67154

08/31/2018

EXPIRATION DATE

RAEGAN MCDONALD-MOSLEY MD

PLANNED PARENTHOOD OF MD

330 N. HOWARD ST
BALTIMORE

MD

21201

(Non Transferable)

[Signature]

Van T. Mitchell

Secretary of Health and Mental Hygiene

[Signature]

Audrey P. Clark

Chief, Office of Controlled
Substances Administration

POST IN A CONSPICUOUS PLACE

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

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.

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 Address

City

State Abbreviated

Zip Code

Telephone Number