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 — 2-YEAR CDS REGISTRATION/CERTIFICATION — CDS #: M11115

ALAN J ROSS MD
WOMEN HEALTH CARE CTR
8311 WISCONSIN AVE, # C-14
BETHESDA MD 20814

APR 18 2017

Expiration Date: 5/31/17 5/31/19

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**	☑ $80
New	☐ $80
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: 4 / 18 / 17
Deposit Date: 4 / 18 / 17
Check/Mo #: 1160
Processor Initials: CSNJ
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) ALAN
(M.I.) J.
(Last) ROSS

B. Business Name: WOMEN HEALTHCARE Center

C. Maryland Business Address **(Triggers Inspection if Not Provided)**
8311 Wisconsin Ave. #C-14
No. **Street:** Bethesda, Md. 20814
City/State/Zip Code:

D. Mailing Address / City/State/Zip: Same

E. Home Address / City/State/Zip:

F. Telephone Nos.
Business No.: 301 654-5225
Fax No.: —
Alternate or Cell No.: 301 455-5225

G. Email* **(Required)**

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/. ☐ Yes ☒ No

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Professional License — Expiration Date: 9 / 30 / 2017
B. Federal DEA #. — Expiration Date: 4 / 30 / 2019
C. Social Security or Tax #:

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:** 04 / 10 / 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 (OCSA) 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

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE
OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

ALAN J ROSS MD

CDS REG. NO.	EXPIRATION DATE
M11115	05/31/2019

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

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.	EXPIRATION DATE
M11115	05/31/2019

ALAN J ROSS MD
WOMEN HEALTH CARE CTR
8311 WISCONSIN AVE, # C-14
BETHESDA MD 20814

(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
- ☐ 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 Adress

City

State Abbreviated

Zip Code

Telephone Number