

## 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 DOCSA 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 2-YEAR CDS REGISTRATION/CERTIFICATION CDS #: M11600

| SHEO P SHARMA MD<br>66 PAINTERS MILL RD<br>SUITE 106<br>OWINGS MILLS  |   | MD 2111                                   | 007 17 2017                   | FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION   | Processor Initia Date:/                             | ls: Do   | o Not Write In This Section. |  |  |  |
|---|---|---|-------------------------------|--|---|--|------------------------------|--|--|--|
| PAYMENT. AI<br>DELAYS PRO   | CTIONS A<br>PPLICATIO<br>CFSSING.<br>ATION LIST   | NS TORN IN H<br>REQUIRED:<br>ED IN INSTRU | IALF, INCOMPL<br>UPDATED DEL  | TIONS 1, 2 AND 3 BEI<br>ETE OR WITHOUT PA<br>EGATION AGREEMEN<br>EMAIL ADDRESS FOR   | LOW. SIGN, DATE<br>AYMENTS WILL B<br>NT, RESEARCHER | E RETURNED, WI<br>QUESTIONNAIR   | HICH                         |  |  |  |
|   |   | SECTION 1                                 | APPLICATION                   | CLASSIFICATION,  | TYPE, PAYMENT                                       | AND FEE EXEMP  | T DETAILS                    | <b>州自建</b> 县中央部1030  |  |  |
| ☐ PA/New:   | Attach Del  | egation Approv                            | al Email or Lett              | er (Required) XPA/   | Renewal: Insert                                     | Supervising Physic   | cian name SHE                | P CNM EMS/Med.Dir. A  O P SHARMA; (Required)  nit a Researcher Questionnaire.) |  |  |
|   | See instru  | ctions for oth                            | er documentat                 | ions required. Law   | ful registration re                                 | equires separate   | application for              | each Profession.   |  |  |
| B. FEE P  | AYMENT  | DETAILS                                   | FOR O                         | FFICE USE ONLY   | C. F  | C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES  |                              |  |  |  |
| (Fee Payable to MDH-OCSA/<br>formerly DDC)  |   |   | App. Receive I                | Date: / /  | CHECK TYPE  | :  | cal (Agency Unit C           | Code):   |  |  |
| TYPE FEE  |   | Deposit Date:                             | 10,11,11                      | Agency/Institut  | ion   |  |                              |  |  |  |
| Renewal**   | -   | \$80                                      | Check/Mo#:                    | 6763   | Name  |  |                              |  |  |  |
| New   | a Only  | □ \$80                                    | Processor Initia              |  | Division/Depar                                      |  |                              |  |  |  |
| Address Change Only ☐ \$50 Name Change Only ☐ \$50  |   | □ \$50                                    | Do not write in this section. |  | Business Addre                                      | Agency/Institution  Business Address   |                              |  |  |  |
|   |   | □ \$30                                    | -                             |  | Contact Telepho                                     |  |                              |  |  |  |
| Discontinuation (List  \$0  |   |   |                               | Print Certifier N  |   |  |                              |  |  |  |
| Reason):  |   |   |                               |  | Title of Certifie                                   |  |                              |  |  |  |
|   |   |   |                               |  |   |  |                              |  |  |  |
| (Fees ar  | re Non-Refur  | idable.)                                  |                               | The state of the s | Date: /   | Date: / (Signature of Certifier)   |                              |  |  |  |
| **No fee for nan  | ne/address cl   | nange at time of r                        | enewal.                       |  |   |  |                              |  |  |  |
| SEC   | The Real Property of the Control of | APPLICANT D                               | ETAILS                        |  |   | ON 3: PROFESSI   | ONAL LICENSE                 |  |  |  |
| (First) SHEC  |   | F SHARMA. M.                              |                               | A. Professi  | A. Professional License #.                          |  | Expiration Date: 9/30/201    |  |  |  |
| A. Name (M.I.)  |   | P   | P                             |  |   | DEA #:   | Expiration Date: 2, 1281281  |  |  |  |
| (print)   | (Last)  | SHAK                                      | RMA                           |  | C. Social   | C. Social Security or Tax #:   |                              |  |  |  |
| R Rusiness  | Nama: 5   | HED D.                                    | CHARM                         | A MX DA  |   |  |                              | or has it NOT SINCE  |  |  |
| B. Business Name: SHED P. SHARMA, MD PA  C. Maryland Business Address (Triggers Inspection if Not Provided) |   |   |                               |  | ever be   | D. Is your professional license currently or has it ever been denied, suspended, restricted, revoked LAST RENEWS |                              |  |  |  |
| 11  |   | 0.  |                               |  | reprima   | anded or placed  | on probation?                | □ Yes ⋈ No   |  |  |
| No. 66 Street: PAINTERS MILL RD SUITFICK City/State/Zip Code: DUDINGS HILLS AND 21117                       |   |   |                               |  | E. Is your  |  |                              |  |  |  |
|   |   |   |                               |  |   |  |                              |  |  |  |
| -   |   |   | MILLS MAZINO                  |  |   | ations Board, a  | State or federal             | agency?  |  |  |
| E. Home Address   |   | s miles modern                            |                               |  |   |  |                              |  |  |  |
| City/State/Zip  |   |   |                               |  |   | F. Has there been adverse action taken against your  Professional license in another state/country?   Yes No     |                              |  |  |  |
| F. Telephone Nos. Business No.: 443 354 0520  |   |   |                               |  | G. Have v   | G. Have you ever been convicted of a felony violation  |                              |  |  |  |
|   |   | Fax No.: 443 394 0524                     |                               |  |   | or a violation pertaining to your profession?  |                              |  |  |  |
|   |   | Alternate or                              |                               | 0327   |   |  |                              | uestions, submit a detailed  |  |  |
| G. Email* (Required)  |   |   |                               |  |   |  |                              | pporting documentation.  |  |  |
| H. If you are   | a practitio   | ner or research                           | er who <i>prescribe</i>       | s CDS, are you   | SIGNATURE   |  |                              | DATE   |  |  |
|   |   |   |                               | ogram? To register   |   |  | 10107                        | 12017  |  |  |
| with PDMP   | go to CRISI   | website at http                           | ps://crisphealth.o            | rg/. XYes DN   | 0-  |  |                              | ,  |  |  |

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

MARYLAND DEPARTMENT OF HEALTH OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

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

SHEO P SHARMA MD

10/31/2019

EXPIRATION DATE

SHEO P SHARMA MD 66 PAINTERS MILL RD #106

OWINGS MILLS

MD

21117

M11600

CDS REG. NO.

Chief, Office of Controlled Substances Administration

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17341127R

Secretary of Department of Health

Chate 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.

SHEO P SHARMA MD

SHEO P SHARMA MD PA 66 PAINTERS MILL RD #106

**OWINGS MILLS** 

MD

21117

(Non Transferable)

CDS REG. NO.

M11600

10/31/2019

EXPIRATION DATE

Jamin K. Shada

Dennis R. Schrader

Audrey P. Clark

Secretary of Department of Health
POST IN A CONSPICUOUS PLACE

Chief, Office of Controlled Substances Administration

| ADDRESS AND/OR NAME CHANGE<br>FEE \$50-PAYABLE TO MDH-OFFICE OF<br>CONTROLLED SUBSTANCES ADMINISTRATION | ADDRESS AND/OR NAME CHAN CDS Registration Certificate Number Profe | GE, PLEASE PRINT essional / State MDH Establishment License Number |  |  |  |  |
|---|--|--|--|--|--|--|
| Check box: Business Address Change  | Last Name and Generational Indicator (JR., III, etc. )             |  |  |  |  |  |
| Name Change Request: Attach Court Documents   | First Name and Middle Name/Initial                                 |  |  |  |  |  |
| Mailing Address Change - No Fee (other than the address on the CDS permit)                              | Business Name and Street Adress                                    |  |  |  |  |  |
| Please complete information at right, Detach and return to:   |  |  |  |  |  |  |
| Office of Controlled Substances Administration Please print.  | City   | State Abbreviated  |  |  |  |  |
|   | Zip Code Telephone   | Number   |  |  |  |  |
| Revised 7/17  |  |  |  |  |  |  |