

## MARYLAND STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE - PUBLIC HEALTH SERVICES DIVISION OF DRUG CONTROL REGISTRATION FOR CONTROLLED DANGEROUS SUBSTANCES (CDS)

4201 Patterson Avenue - 5th Fl., Baltimore, Maryland 21215

DDC Website: <a href="http://dhmh.maryland.gov/laboratories/drugcont">http://dhmh.maryland.gov/laboratories/drugcont</a> = DDC Email: <a href="http://dhmh.maryland.gov/laboratories/drugcont">MDDC@Maryland.Gov</a> Main Office: (410) 764-2890 = Fax: (410) 358-1793 = Customer Service: (410) 764-5910, (410) 764-7980, (410) 764-4159

Badders Hill RD  JAN 1 2016  LAUREL MD 20707  Expiration Date: 2/29/16  Expiration Date: 2/29/16	WESLEY W DEEDO	CUED WE				CDS #: M20452
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EE INSTRUCTIONS ATTACHED. Type entries in sections 1, 2 and 3 below. Sign, date application and include payment. Incomplete publications will be returned and delays CDS issuance. As noted below, updated Delegation Agreement and Researcher Questionnaire required sour records.  SECTION 1: APPLICATION CLASSIFICATION, TYPE AND PAYMENT AND FEE EXEMPT DETAILS  CLASSIFICATION-Select Profession: AMD DDS DMD DDO DPM DVM DVM DCRNP CNM DEMS/Med.I Researcher Schedule I (Prior DEA approval) Researcher Schedules II, III, IV, V (Researchers must submit a Researcher Questionnaire.) See instructions for other documentations required. Lawful registration requires separate application for each Profession of the Profession of the International Processor Initials:  SECTION 1: APPLICATION CLASSIFICATION, TYPE AND PAYMENT AND FEE EXEMPT DETAILS  CLASSIFICATION-Select Profession: AMD DDS DMD DDO DPM DVM DVM DCRNP CNM DEMS/Med.I Required Delegation Agreement (See and Profession of the International Profession of the International Profession International Profession International Profession of the International Profession International Profession International Profession International Profession International Profession International Profession International Internati	AUREL MD		Al	AUDIT	ote:	
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A. Name	2: APPLICANT DETAILS	SECTION 3: PROFESSIONAL LICEN	ISE DETAILS				
(print)  B. Business Address	(Middle) (Last) C) ESKO CHES	A. Professional License # Expiration D	ate: 0( 120 130)				
City/County/State/Zip	8303 HONEY HILL Rd. LIMER HD 20723	D. Is your professional license currently or has it ever been denied, suspended, restricted, revoked reprimanded or placed on probation?					
C. Mailing Address City/State/Zip	LAUKER MD 70723	E. Is your license currently under any restriction or on	□Yes Mo				
D. Home Address City/State/Zip		probation for reasons related to CDS by a Health Occupations Board, a State or federal agency?  F. Has there been adversariated.	OYes No				
Telephone Nos.	Business: Fax No.:	F. Has there been adverse action taken against your Professional license in another state/country?	□Yes ♥No				
. Email * (Required)	Alternate or Cell	G. Have you ever been convicted of a felony violation or a violation pertaining to your profession?					
GNATURE:	<b>Y</b>	If yes is the answer to any of the above questions, sub- explanation and copies of pertinent/supporting docu					
		DATE: Of /2016 Your signature attests to the information provided is ac	he fact that the				

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 DEPARTMENT OF HEALTH AND MENTAL HYGIENE DIVISION OF DRUG CONTROL DIVISION OF DRUG CONTROL 4201 PATTERSON AVE. BALTIMORE, MD 21215 Telephone number: 410-764-2890 WESLY W DESROCHES MD CDS REG. NO. EXPIRATION DATE WESLY W DESROCHES MD M20452 02/28/2018 8303 HONEY HILL RD LAUREL 20707 Chief, Division of Drug Control Secretary of Health and Mental Hygiene 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. 02/28/2018 EXPIRATION DATE WESLY W DESROCHES MD 8303 HONEY HILL RD Van T. Mitchell Audrey P. Clark Secretary of Health and Mental Hygiene Chief, Division of Drug Control (Non Transferable) POST IN A CONSPICUOUS PLACE ADDRESS AND/OR NAME CHANGE ADDRESS AND/OR NAME CHANGE, PLEASE PRINT FEE \$50-PAYBLE TO DHMH-DRUG CONTROL CDS Reg. Cert. No. Check box: Business Address Change onal Indicator (JR., III, etc.) Name Change Request: First Name and Middle Nam Attach Court Documents Mailing Address Change - No Fee Street Adress (other than the address on the CDS permit) Please complete information at right, Detach and return to Drug Control. Please print. City

Zip Code

State Abbreviated

Telephone Number

## 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

## WESLY W DESROCHES MD

WESLY W DESROCHES MD 8303 HONEY HILL RD

LAUREL

MD

20723

CDS REG. NO. EXPIRATION DATE

M20452 02/29/2020

CDS REG. NO. EXPIRATION DATE

Chief, Office of Controlled Substances Administration Secretary of Department of Health



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.

WESLY W DESROCHES MD

WESLY DESROCHES, M.D. 8303 HONEY HILL RD

LAUREL

MD

(Non Transferable)

20723

CDS REG. NO.

M20452

02/29/2020

EXPIRATION DATE

Dan Do Dans Gray P. Carlo

Robert R. Neall

Audrey P. Clark

Secretary of Department of Health POST IN A CONSPICUOUS PLACE Chief, Office of Controlled Substances Administration

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