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: <http://dhmh.maryland.gov/laboratories/drugcont> ▪ DDC Email: MDDC@Maryland.Gov

Main Office: (410) 764-2890 ▪ Fax: (410) 358-1793 ▪ Customer Service: (410) 764-5910, (410) 764-7980, (410) 764-4159

PRACTITIONER APPLICATION **2-YEAR CDS REGISTRATION/CERTIFICATION** **CDS #: M20452**

WESLEY W DESROCHES MD
8303 HONEY HILL RD

JAN 11 2016

LAUREL MD 20707

Expiration Date: 2/29/16

FOR OFFICE USE ONLY: APPLICATION AUDIT CONTROL SECTION	Processor Initials: _____ Date: ___/___/___ Note:	Do Not Write In This Section.

SEE INSTRUCTIONS ATTACHED. Type entries in sections 1, 2 and 3 below. Sign, date application and include payment. Incomplete applications will be returned and delays CDS issuance. As noted below, updated Delegation Agreement and Researcher Questionnaire required, as well as other documentation as listed in the attached instructions. Email address required for renewal notification.* Keep copy of application for your records.

SECTION 1: APPLICATION CLASSIFICATION, TYPE AND PAYMENT AND FEE EXEMPT DETAILS

A. CLASSIFICATION-Select ☑ Profession: ☑MD ☐DDS ☐DMD ☐DO ☐DPM ☐DVM ☐VMD ☐CRNP ☐CNM ☐EMS/Med.Dir.

☐PA - Insert name of Physician or attach Updated Delegation Agreement (_____ Required)

☐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.

B. FEE PAYMENT DETAILS — FOR OFFICE USE ONLY — **C. FEE EXEMPT DETAILS FOR GOVERNMENT AGENCIES**

(Fee Payable to DHMH-Drug Control)

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.)

App. Receive Date:	/ /
Deposit Date:	1/20/16
Check/Mo #:	0376
Processor Initials:	FTM
Do Not Write In This Section.	

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)	WESLY
	(Middle)	
	(Last)	DESROCHES
B. Business Address		8303 HONEY Hill Rd
City/County/State/Zip		LAUREL MD 20723
C. Mailing Address		8303 HONEY Hill Rd.
City/State/Zip		LAUREL MD 20723
D. Home Address		
City/State/Zip		
E. Telephone Nos.	Business:	
	Fax No.:	
	Alternate or Cell	
F. Email * (Required)		
SIGNATURE:		

SECTION 3: PROFESSIONAL LICENSE DETAILS

A. Professional License #	Expiration Date: 04/30/2016 ✓
B. Federal DEA #:	Expiration Date: 06/30/2017
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.

DATE: 01/01/2016 — **Your signature attests to the fact that the information provided is accurate.**

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

WESLY W DESROCHES MD
8303 HONEY HILL RD

LAUREL MD 20707

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
DIVISION OF DRUG CONTROL

WESLY W DESROCHES MD

CDS REG. NO.	EXPIRATION DATE
M20452	02/28/2018

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. M20452 — EXPIRATION DATE 02/28/2018

WESLY W DESROCHES MD
8303 HONEY HILL RD
LAUREL MD 20723

(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.

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

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

CDS REG. NO.	EXPIRATION DATE
M20452	02/29/2020

WESLY W DESROCHES MD
8303 HONEY HILL RD

LAUREL MD 20723

Chief, Office of Controlled Substances Administration

Secretary of Department of Health

State of Maryland

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

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CDS REG. NO.
M20452

02/29/2020
EXPIRATION DATE

WESLY W DESROCHES MD

WESLY DESROCHES, M.D.
8303 HONEY HILL RD

LAUREL MD 20723

(Non Transferable)

Robert R. Neall
Secretary of Department of Health

Audrey P. Clark
Chief, Office of Controlled Substances Administration

POST IN A CONSPICUOUS PLACE

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FEE $50-PAYABLE TO MDH-OFFICE OF CONTROLLED SUBSTANCES ADMINISTRATION

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- ☐ 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 MDH 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

CC