



STATE OF HAWAII  
NARCOTICS ENFORCEMENT DIVISION  
DEPARTMENT OF PUBLIC SAFETY  
**REQUEST FOR CHANGE IN REGISTRATION**

REGISTRANT NAME	NED REGISTRATION NO.
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**CHANGE OF CONTACT INFORMATION**

MAILING ADDRESS  _____	CELL PHONE NO.  _____
PRIMARY EMAIL ADDRESS	SECONDARY EMAIL ADDRESS

**CHANGE OF BUSINESS ADDRESS**

*\*Please include a copy of your DEA certificate reflecting your new business address. If you have not yet updated your DEA, please email/fax a copy when it's been updated. Your registration will be placed on pending status until it's received.*

PRIOR/CURRENT BUSINESS ADDRESS  _____	NEW BUSINESS ADDRESS  _____
EFFECTIVE DATE OF CHANGE	NEW BUSINESS PHONE NO.

**CHANGE IN DRUG SCHEDULES**

*\*Please include a copy of your DEA certificate reflecting the updated schedules*

Schedule II – Narcotics	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
Schedule II – Non-Narcotics	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
Schedule III – Narcotics	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
Schedule III – Non-Narcotics	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
Schedule IV	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
Schedule V	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE

**CHANGE IN PRESCRIBE LOCATIONS**

*If more space is needed, please continue on a separate paper and attach.*

1. _____	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
_____		
2. _____	<input type="checkbox"/> ADD	<input type="checkbox"/> REMOVE
_____		

## CHANGE IN DRUG ACTIVITIES

Administer<sup>1</sup>

ADD

REMOVE

- I will administer from a stock of drugs owned by another healthcare registrant (e.g. hospital)
- I intend to purchase a stock of controlled substances with my DEA number for the purpose of direct administration to patients).<sup>1</sup>

Prescribe

ADD

REMOVE

Dispense<sup>2</sup>

ADD

REMOVE

Certify Medical Cannabis Use

ADD

REMOVE

Please Note:

<sup>1</sup> 'Administer' with the intent to purchase and own a stock of controlled substance(s) may require the successful completion of a policy document review and an on-site inspection prior to this activity being added to a controlled substance registration. An NED staff member will contact you to follow up.

<sup>2</sup> 'Dispense' will be added upon successful completion of a policy document review and an on-site security inspection. Dispensers are also required to report their dispensations to the Hawaii Prescription Drug Monitoring Program. An NED representative will contact you to follow up.

## CHANGE IN SUPERVISING PHYSICIAN(S)

Include the physician's name and business address and attach a copy of their Hawaii medical license & DEA certificate. **\*\*If adding a supervising physician, a completed Physician Assistant Application is required: Visit <https://dps.hawaii.gov> and select [Physician Assistant Application for Controlled Substances](#).**

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADD\*\*

REMOVE

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADD\*\*

REMOVE

## REQUEST A DUPLICATE CERTIFICATE OR ORAL CODE

Please send a duplicate  certificate and/or  oral code to:

Mailing address on record (oral codes must be sent to the mailing address currently on record)

Other address: \_\_\_\_\_  
\_\_\_\_\_

Payment of \$20.00 is required to obtain a duplicate certificate. Please remit payment payable to **Narcotics Enforcement Division**. Check, money order, or cashier's check are accepted.

## INACTIVATION REQUEST

Select one of the following below:

- Registrant has moved out of state
- Registrant is no longer handling controlled substances
- Registrant has retired
- Registrant has passed away
- Other (please describe): \_\_\_\_\_  
\_\_\_\_\_

Note: For reactivation of a Hawaii controlled substance registration, please contact us at [hawaiicsreg@hawaii.gov](mailto:hawaiicsreg@hawaii.gov). We will reply to you with the process of reactivation or submission of a new/updated registration application. Please include the registrant name, registration number, DEA number, immediate contact phone number, and contact person's name if different than the registrant's name.

Chapter [329-42\(a\)\(4\)](#), Hawaii Revised Statutes, states that it is unlawful for any person who knowingly or intentionally furnishes false or fraudulent material information in or omit any material information from, any application, report or other document required to be kept or filed under this chapter, or any record required to be kept by this chapter.

**To the best of my knowledge, I certify the above information is accurate and authorize the listed change(s) to the controlled substance registration specified on this form.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**Direct contact phone number (required):** \_\_\_\_\_

**Email address (required):** \_\_\_\_\_

**I am (relationship to the registrant):**

- The named/licensed (person) registrant
- Credentialing agent
- Pharmacist In Charge
- Healthcare facility's executive or administrative officer. Specify: \_\_\_\_\_
- Other (e.g. surviving family member). Provide explanation: \_\_\_\_\_  
\_\_\_\_\_

**Mail signed and completed form to:**

Narcotics Enforcement Division  
Department of Public Safety  
3375 Koapaka Street, Suite D100  
Honolulu, HI 96819

**OR**

**Email scanned attachment to:**

[hawaiicsreg@hawaii.gov](mailto:hawaiicsreg@hawaii.gov)

**\*\*Please mail required additional documents or payments with your completed form – this will ensure timely processing**