



## REQUIREMENTS AND INSTRUCTIONS FOR PRACTITIONERS HAWAII CONTROLLED SUBSTANCE APPLICATION

The application is used by practitioners seeking a Hawaii controlled substance registration. Registration is required for every person who administers, prescribes, and/or dispenses any controlled substances within the State.

Carefully read these instructions before you begin to fill out the application.

### REQUIREMENTS

#### Who May Apply?

The application is to be used by practitioners seeking a Hawaii controlled substance registration. A practitioner must have an active and current Hawaii license to practice. Those who have a DO, DOS, DT, DTT, MD, PO, or VE medical license may apply with this application.

Registration is required for every person who administers, prescribes, or dispenses any controlled substance within the State. This is an annual registration.

#### Required Documentation

The following items/documents are required when applying:

- Completed application form
- Hawaii medical license (PVL)
- HI-PDMP account information
- Payment of fee
- Wet signature exemplar form
- Attestation to laws form
- Training acknowledgements form

Additional documents, and a site inspection, may be required if you intend to purchase and keep your own stock of controlled substances for the purposes of administration and/or dispensation:

- Pre-inspection required attestation and questionnaire
- A copy of written policy/procedures

#### Hawaii Medical License (PVL)

A current and active State of Hawaii medical license is required. If you do not have a medical license or it has expired, you will need to obtain one through the Professional & Vocational Licensing (PVL) Division. You may visit their website <https://cca.hawaii.gov/pvl/> for more information. Our office cannot process your application until your license has been finalized.

**Fees** Practitioner fee.....\$115

\*Fees are not refundable and are due upon submission of the application.

Payments can only be made in the application via a credit card. We accept Visa, Mastercard, American Express, and Discover. Credit card payments cannot be made over the phone.

**Federal, state, and local officials** may be exempt from the practitioner fee if employed by a government agency. Having a fee-exempt registration restricts the registrant’s practice to only the government location. If the registrant practices with controlled substances at a non-government facility, they must obtain a separate registration and pay the appropriate fee(s). Please review the [Fee-Exempt Requirements](#) to see if you’re eligible.

**NOTE:** *One of the legal requirements that you must meet to obtain a certificate is the payment of fees as set forth in this application. You may be sent a certificate before the payment you submit for the required fee(s) is honored by your bank. If payment is dishonored, you will have failed to pay the required licensing fee and your certificate will not be valid, and you **may not** do business under the certificate. A \$25.00 service charge shall also be assessed for payments that are dishonored for any reason.*

**HI-PDMP Account** Applicants must register with the Hawaii Prescription Drug Monitoring Program (HI-PDMP) **prior** to obtaining a new or renewal registration. To register with HI-PDMP, visit <https://hawaii.pmpaware.net/>. Go to ‘Create Account’ and select the ‘New User’ role. Veterinarians are exempt and do not need to register.

**INSTRUCTIONS**

You may visit <https://ned.ehawaii.gov/portal/> to complete an online application. Applicants must first have an ehawaii.gov account to apply online. Before completing an online application, we recommend you first see if you have any registrations under “My Registrations.” If you previously had a registration that is expired/inactive, you will need to renew the registration as opposed to applying for a new one.

Most items on the application are self-explanatory, however, further explanation for each field is discussed below. Sections that are marked as required need to be completed.

**Registration Type and Classification** As a practitioner, you will select “Individual” as the type and “Practitioner” under Registrant Classification.

**Prescription Drug Monitoring Program (HI-PDMP)** **You cannot proceed forward with the application until you are registered with HI-PDMP, unless you are a veterinarian. This is a one-time requirement to obtain a registration.** If you already have a HI-PDMP user account, do not create a second account. Provide your HI-PDMP email in the field provided. Veterinarians are exempt from HI-PDMP at this time.

|  |   |
|--|---|
| <b>Locum Tenens</b>                            | <p>Locum tenens means a practitioner who is licensed in the State and temporarily substitutes for another practitioner for a period not to exceed 60 days at that other practitioner’s registered place of business. These practitioners are not eligible to review an oral code number as designated by HRS 328-16(k).</p> <p>Should the circumstance change and the practitioner is employed for more than 60 days and needs an oral code, you may inform our office in writing of the request.</p>   |
| <b>Legal Name</b>                              | <p>Your name as reflected on your registration will match what is on your Hawaii medical license. If you would like to update your name, you will first need to contact the Professional &amp; Vocational Licensing Division with the Department of Commerce and Consumer Affairs. You may visit their website at <a href="https://www.cca.hawaii.gov/pvl/">https://www.cca.hawaii.gov/pvl/</a> for more information. Once it has been updated, you may contact our office for further assistance.</p>  |
| <b>DBA (if applicable)</b>                     | <p>“Doing Business As” means you will be working under a name different other than your legal name. Your business name will remain the same despite a possible change in business location.</p>   |
| <b>PVL Number and Expiration Date</b>          | <p>Applicant must have a current and active State of Hawaii medical license. Select the correct license type and input your license number. Select the correct expiration date.</p>   |
| <b>Individual Affiliated Organization Name</b> | <p>The individual affiliated organization is the name of the company/facility you are working on behalf of (i.e. Queen’s Medical Center, Kaiser Permanente, Department of Health, etc.)</p>   |
| <b>Hawaii Business Street Address</b>          | <p>The address supplied must be the applicant’s primary practice location and an actual location where controlled substance activities take place. The address must be a <b>physical street address in Hawaii</b> and cannot be solely a post office box. This principal address is what will appear on your controlled substance certificate. It will need to match the address on the federal DEA certificate you will obtain afterward.</p> <p>For those electing to only prescribe controlled substances only need one CS registration. In the event a practitioner elects to administer and/or dispense controlled substances in more than one location, a separate CS and DEA certificate is required for each Hawaii location.</p> |
| <b>Hawaii Business Phone Number</b>            | <p>The business phone number for the entity you will be working for.</p>  |

|   |  |
|---|--|
| <b>National Provider Identifier (NPI) No.</b> | A 10-digit number used to identify yourself as an individual provider. This does not apply to veterinarians.   |
| <b>Mailing Address</b>                        | <p>It is important that NED is aware of your current mailing address. This address is used to mail any notices regarding your registration, including duplicate certificates. <b>The address DOES NOT need to be located in Hawaii.</b> It should, however, be a location where the applicant can obtain mail. If the mailing address is the same as the one supplied for the business address, check “Same as business address”.</p> <p>If this address needs to be changed/updated in the future, please inform our office right away in writing or visit the online portal to make the necessary changes.</p>   |
| <b>Home/Cell phone number</b>                 | This number is required in case we need to contact you for application/registration purposes.  |
| <b>Alternate phone number</b>                 | If we are unable to contact you at the home/cell phone number provided, we may contact you at the alternate phone number provided.   |
| <b>Primary Email Address</b>                  | The email is to be used for general registrant notifications and to contact you with any questions we may have regarding your application. The primary email <b><u>must be the registrant’s primary email</u></b> . It cannot be the credentialing agent or office manager’s email address.  |
| <b>Secondary Email Address</b>                | The email to be used for general registrant notifications. The secondary email address can be the applicant’s alternate email, a credentialing agent, or office manager email.   |
| <b>Additional Prescribe Locations</b>         | <p>The application must have a Hawaii business street address as your primary practice. If you have additional locations, you are only prescribing out of (not administering and/or dispensing), those must also be listed on the application. Like your primary business location, this may not be solely a post office box. There is no limit as to how many additional prescribe locations you may have. You may add more than one address by selecting the “Add” button. The Hawaii Business Name is the name of the individual affiliated organization you are working on behalf of.</p> <p><b>NOTE:</b> If you intend to maintain controlled substances at other locations (e.g. to administer and/or dispense), you must submit and maintain a separate Hawaii Controlled Substance Registration for each location. Mobile practitioners may maintain in their personal custody a mobile inventory which must be secured at their designated business activity location during off hours.</p> |

## Drug Schedules

Applicant should check all drug schedules to be handled. Please review [HRS 329](#) for information regarding controlled substances and where each drug is scheduled. Practitioners are only allowed to handle Schedules II through V.

## Drug Activities

Registrants will be restricted to the activity selected. For the purposes of this application, please see the below definitions to ensure you are selecting the correct one(s).

- **Administer (from own stock)** – applicant will purchase and keep their own inventory of controlled substances for the purpose of administering to patients by injection, direct application, and/or ingestion in the presence and direct supervision of healthcare facility or practice staff. An inspection of the office, along with policy review, may need to be required by our office personnel before the application can be processed and certificate is issued.
- **Administer (from other stock)** – applicant will use another healthcare registrant’s stock of controlled substances to apply by injection, ingestion, suppository, topical, or any other means directly to the patient in a healthcare setting.
- **Prescribe** – a written order for a controlled substance to be administered or dispensed by a pharmacist or another practitioner.
- **Dispense** – applicant intends to purchase and keep their own inventory of controlled substances to send patients home with them. An inspection of the office, along with policy review, may need to be required by our office personnel before the application can be processed and certificate is issued. Applicant will also be responsible for mandatory reporting of dispensation and zero reporting to the Hawaii Prescription Drug Monitoring Program.
- **Certify medical cannabis use**

## Attestation of Hawaii Controlled Substance Laws & Regulations

Applicants are required to be familiar with the laws and regulations for controlled substances in Hawaii, [HRS 329](#) and [HAR Title 23 Chapter 200](#). Check the box if you have reviewed the laws pertaining to practitioners.

## Document Uploads

You are required to fill out and upload the following documents which can be found on <https://dps.hawaii.gov/ned/>:

- Signature form (one-time requirement)
- Training acknowledgements form
- Acknowledgement of laws form (one-time requirement)

The files may be uploaded as PDF, DOCX, DOC, JPEG, and PNG.

## Questions

In the event the response to any of the questions is “YES”, you are required to attach a detailed explanation and provide supplemental information as directed on the application.

## Authorization

Please read the authorization at the end of the application, sign, and date it. You may submit your online application by clicking continue.

We are unable to process your application until it is submitted and paid for. Please ensure that all required fields are completed, and all necessary documents have been uploaded.

## ADDITIONAL INFORMATION

### Processing

Applications are processed within 10 business days of receipt. You may view the status of your application through your online account. Should we need additional documentation/information from you, we will contact you via email/phone. You may also view notifications of your application in the inbox of your account.

If your activities include administer and/or dispense, your application may be processed after successful completion of the inspection process.

Once your application is conditionally approved, you may visit your account to download and print a copy of your certificate. A hard copy will also be mailed to you along with your oral code number. Your registration will be **pending**. Please be sure to read through the packet thoroughly to ensure completion of the registration process. You must have an **active** registration before working with controlled substances.

### Federal DEA Certificate

Registrants may apply for their Federal Drug Enforcement Administration (DEA) Registration **after** receiving their Hawaii Controlled Substance Registration. You must have a Hawaii CSR and a Federal DEA Registration that both have the same Hawaii business address and drug schedules before you can prescribe, dispense, and/or administer controlled substances.

The DEA number is only valid in the state listed on the certificate. If you already have a DEA number, you may transfer it to Hawaii if you plan to discontinue practice in that state. If you are practicing in both Hawaii and another state, you may obtain a federal DEA number for both states. Please contact the Federal DEA by visiting their website at <https://www.deadiversion.usdoj.gov/> for additional information.

Upon receipt of the Federal DEA certificate, registrants are to send a copy to the Division by email at [hawaiicsreg@hawaii.gov](mailto:hawaiicsreg@hawaii.gov) or fax to 808-837-8474. The registration may then be activated after it's received.

### Oral Code

An oral code, also known as a call number, enables you to call prescriptions into a pharmacy. It allows you to convey oral prescriptions for both non-controlled and controlled substances via telephonic and facsimile to a pharmacy. It is a security code to verify your identity and should be kept **confidential**.

## Expiration

Registration expiration dates are based on the first letter of your last name. New registrations with six months or more remaining will expire on the designated month/day listed and new registrations with less than six months remaining when the application is processed will expire on the designated month/day of the following year.

|                               |                         |                           |
|-------------------------------|-------------------------|---------------------------|
| Renewal Letter M              | Expiration Date 31-Jan  | Inactivation Date 1-Mar*  |
| Renewal Letter S              | Expiration Date 28-Feb  | Inactivation Date 1-Apr*  |
| Renewal Letter L,P            | Expiration Date 31-Mar  | Inactivation Date 1-May*  |
| Renewal Letter Q,R            | Expiration Date 30-Apr  | Inactivation Date 1-Jun*  |
| Renewal Letter U,V,W<br>X,Y,Z | Expiration Date 31-May  | Inactivation Date 1-Jul*  |
| Renewal Letter A,D            | Expiration Date 30-Jun  | Inactivation Date 1-Aug*  |
| Renewal Letter B              | Expiration Date 31-Jul  | Inactivation Date 1-Sept* |
| Renewal Letter C,E            | Expiration Date 31-Aug  | Inactivation Date 1-Oct*  |
| Renewal Letter F,G            | Expiration Date 30-Sept | Inactivation Date 1-Nov*  |
| Renewal Letter H,N            | Expiration Date 31-Oct  | Inactivation Date 1-Dec*  |
| Renewal Letter I,T            | Expiration Date 30-Nov  | Inactivation Date 1-Jan*  |
| Renewal Letter J,K,O          | Expiration Dae 31-Dec   | Inactivation Date 1-Feb*  |

\*If a registration is not renewed, it is inactivated (removed) from the active file one month after the expiration date. **During this 30-day period, the Hawaii Controlled Substance Registration is considered expired (not valid) until the registration is renewed. It is unlawful to administer, dispense, and/or prescribe a controlled substance without an active and valid Hawaii Controlled Substance Registration.**

## License Renewals

Annual renewal of your registration is required to be in compliance to handle controlled substances. As mentioned above, expiration dates are generated by the first letter of the applicant's last name so the date will not change. Initial applicants may have an expiration date that is under a year or over a year's time for the first application due to the aforementioned system of generating the expiration date.

Registration renewal is the registrant's responsibility. Our office may send a renewal notice as a courtesy to each registrant at least 60 days and 30 days prior to the expiration, however, the option to renew will not be available more than 60 days prior to your expiration date. The renewal notice is sent via email to the registrant's email address(es) on record. It is the registrant's responsibility to ensure the email address(es) are up to date. Failure to receive the notice does not relieve the registrant of responsibility for renewing the registration prior to its expiration date and a late fee will be incurred. A registration can be renewed online at <https://ned.ehawaii.gov/> or by completing the mail-in application.

In the event you do not renew your registration within 30 days after the expiration date, your registration will be inactivated. If you renew your registration after the expiration date, the full fee (including the late fee) is required though the newly renewed license may expire in less than one year.

**Inactivation**

In the event a provider no longer needs their controlled substance registration, they must inform our office immediately of such in writing. The [Request for Change in Registration](#) form may be completed and emailed or faxed to our office to be processed. It is not recommended to let the registration lapse following its expiration date. Should this occur, the registrant will be responsible for a late fee.