



**HAWAII CONTROLLED SUBSTANCE APPLICATION  
FOR PRACTITIONERS, APRNS,  
and PHYSICIAN ASSISTANTS**

NARCOTICS ENFORCEMENT DIVISION  
3375 Koapaka Street, Suite D100  
Honolulu, HI 96813  
Phone: (808) 837-8470  
Fax: (808) 837-8474

**For NED Use Only**

REG:

EXP:

OC:

PMT#:

HI-PDMP

INT

REN

**REGISTRATION INFORMATION**

New applicant     Additional registration<sup>1</sup>     Renewal - Federal DEA no: \_\_\_\_\_

Registrant classification:     Practitioner                       APRN                       Physician Assistant

Locum tenens?                       Yes                       No

First name: \_\_\_\_\_ Middle name: \_\_\_\_\_ Last name: \_\_\_\_\_

DBA Name (if applicable): \_\_\_\_\_

State of Hawaii license no. (PVL): \_\_\_\_\_ Expiration date: \_\_\_\_\_

Individual Affiliated Organization (if applicable): \_\_\_\_\_

Hawaii business street address: \_\_\_\_\_

City: \_\_\_\_\_ State: HI                      Zip code: \_\_\_\_\_

Business phone: \_\_\_\_\_ National Provider Identifier (NPI) no.: \_\_\_\_\_

Mailing address (if different from business address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home/Cell phone number : \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

Primary email address: \_\_\_\_\_

Secondary email address: \_\_\_\_\_

<sup>1</sup> Additional Registrations are required for each administer or dispense location where the applicant will purchase and store a stock of controlled substances.

**PDMP ACCOUNT**

I have registered for or already have a Hawaii PDMP account.

The email address (username) of the account is: \_\_\_\_\_

I am a veterinarian so I am not required to obtain a Hawaii PDMP account at this time.

**ADDITIONAL PRESCRIBE ONLY LOCATIONS**

Business name (if applicable)	Address (street, building, unit, city, and zip code)

**DRUG SCHEDULES & ACTIVITIES**

Drug Schedules:  II Narcotic     II Non-Narcotic     III Narcotic     III Non-Narcotic     IV     V

Activities:     Administer (from other stock)     Prescribe     Certify medical cannabis use<sup>2</sup>  
 Administer (from own stock)<sup>3</sup>     Dispense<sup>4</sup>

**FOR PHYSICIAN ASSISTANTS ONLY**

A completed Supervising Physician Addendum form is attached for each Supervising Physician.

<sup>2</sup> Physician Assistants are not authorized to certify medical cannabis use.

<sup>3</sup> Does not apply to Physician Assistants. Administer with the intent to purchase and own a stock of controlled substance(s) may require the successful completion of policy document review and an on-site inspection prior to processing your application. Attach completed Pre-Inspection Required Attestations and Questionnaire with application. An NED staff member will contact you to follow up with a document review and/or site security inspection.

<sup>4</sup> APRNs and physician assistants may not dispense. Dispense may require successful completion of a policy review and an on-site inspection prior to processing your application. Reporting of dispensations to the Hawaii Prescription Drug Monitoring Program is required (except veterinarians). Attach completed Pre-Inspection Required Attestations and Questionnaire with application. An NED staff member will contact you to follow up.

HAWAII LAWS AND ADDITIONAL DOCUMENTS (for new applicants only)

- I have reviewed [Hawaii Revised Statutes 329 and Hawaii Administrative Rules Title 23 Chapter 200](#).
- I have attached the completed Required Practitioner’s Attestation to Hawaii Law and Requirements form.
- I have attached the completed Wet Signature Exemplars form.
- I have attached the completed Prescriber Education Attestation form.

The forms may be found online at <https://dps.hawaii.gov/ned/>.

All applicants must answer the following and provide details as directed for any “YES” response:

1. **RECORDS OF REGISTRANTS.** Are you administering or dispensing your own stock of controlled substances? Persons registered to dispense controlled substances under this chapter shall keep records and maintain inventories in conformance with the record-keeping and inventory requirement of federal law and with any additional rules the department issues. (Chapter 329, Hawaii Revised Statutes).....  Yes  No  
**RENEWALS ONLY - If response is “YES”, list the date of your last inventory of controlled substances (required by law every two years):** \_\_\_\_\_
2. Are you applying as a fee-exempt registrant?.....  Yes  No  
**If response is “YES”, provide a letter signed by the Division Administrator/ Director of the Program on an official letterhead to certify that you are authorized to prescribe/dispense/administer controlled substances as part of the scope of your government employment.**
3. Has the applicant, corporation, firm, partner or officer of the applicant been convicted of a felony or misdemeanor under state or federal law relating to the manufacture, distribution, dispensing, prescribing or possession of controlled substances?.....  Yes  No  
**If response is “YES”, attach a detailed explanation on a separate sheet to include the state or country where action is pending or took place, relevant dates, action taken, and reasons for such action.**
4. Has any previous registration held by the applicant, corporation, firm, partner or officer of the applicant under the CSA been surrendered, revoked, suspended, denied or pending such action?.....  Yes  No  
**If response is “YES”, attach a detailed explanation on a separate sheet to include the state or country where action is pending or took place, relevant dates, action taken, and reasons for such action.**

***By signing this application, you consent to a criminal history background check in compliance with Chapter 329-33(a)(3), Hawaii Revised Statutes.***

***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.***

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Specialty \_\_\_\_\_