



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

NARCOTICS ENFORCEMENT DIVISION
3375 Koapaka Street, Suite D100
Honolulu, HI 96819
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 registration¹ 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: _____

¹ 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

Individual Affiliated Organization (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 use²
 Administer (from own stock)³ Dispense⁴

FOR PHYSICIAN ASSISTANTS ONLY

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

² Physician Assistants are not authorized to certify medical cannabis use.

³ 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.

⁴ 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.

I have reviewed [Hawaii Revised Statutes 329](#) and [Hawaii Administrative Rules Title 23 Chapter 200](#).

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 _____

APPLICATION CHECKLIST

For new applicants, be sure to attach the following documents with your application:

- Completed Required Practitioner's Attestation to Hawaii Law and Requirements form.
- Completed Wet Signature Exemplars form.
- Completed Prescriber Education Attestation form.
- Fee (if applicable).

For renewal applicants, be sure to attach the following documents with your application:

- Completed Prescriber Education Attestation form.
- Fee (if applicable).
- Copy of your federal DEA certificate (*does not apply to inactive registrations*).

The forms may be found online at <https://law.hawaii.gov/divisions/law-enforcement-division/narcotics-enforcement-division/>.