



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**  
**DIVISION OF ENVIRONMENTAL HEALTH**  
**GUAM CONTROLLED SUBSTANCES REGISTRATION (GCSR)**  
**INDIVIDUAL REGISTRANT & PRACTITIONER APPLICATION**  
 EMAIL: DPHSS-DEH@DPHSS.GUAM.GOV  
 PHONE: 671-922-2533



Point of Contact: \_\_\_\_\_  
 Contact Number: \_\_\_\_\_ Ext: \_\_\_\_\_  
 Email: \_\_\_\_\_

**TO PRESCRIBE, ADMINISTER, AND/OR DISPENSE CONTROLLED SUBSTANCES**

**PLEASE TYPE/PRINT CLEARLY AND ACCURATELY**

**New**     **Renewal**     **Re-Issuance**     **Amendment**     *Select "Amendment" for any of the following: Conversion from temporary GCSR to permanent GCSR, or any changes on the GCSR Certificate.*

1. Applicant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

2. Pharmacy/Clinic/Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Physical Address: \_\_\_\_\_

4. Mailing Address: \_\_\_\_\_  
(If different from physical address.)

5. Please Check: [  ]

PRACTITIONER:			
APRN	<input type="checkbox"/>	DPM	<input type="checkbox"/>
CP	<input type="checkbox"/>	DVM	<input type="checkbox"/>
DDS	<input type="checkbox"/>	MD	<input type="checkbox"/>
DMD	<input type="checkbox"/>	PA	<input type="checkbox"/>
DO	<input type="checkbox"/>		

CATEGORY:	
Clinic	<input type="checkbox"/>
Hospital	<input type="checkbox"/>
Pharmacy	<input type="checkbox"/>
Researcher	<input type="checkbox"/>
Wholesaler	<input type="checkbox"/>

STATUS:	
Civilian	<input type="checkbox"/>
Gov. Guam	<input type="checkbox"/>

SCHEDULE II:	
Narcotic	<input type="checkbox"/>
Non-Narcotic	<input type="checkbox"/>

  

SCHEDULE III:	
Narcotic	<input type="checkbox"/>
Non-Narcotic	<input type="checkbox"/>

<b>SCHEDULE IV</b>	<input type="checkbox"/>
<b>SCHEDULE V</b>	<input type="checkbox"/>

	YES	NO
6. Are you currently authorized under the laws of Guam to practice your profession/business? <i>If yes, a copy of your Guam Board of Examiner's Certificate <b>MUST</b> accompany this form.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are you currently authorized to prescribe, administer, and/or dispense controlled substances by the Controlled Substances Program, Division of Environmental Health of the Department of Public Health and Social Services? If yes, please indicate: Guam Controlled Substance Registration #: _____ Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you currently registered with the U.S. Drug Enforcement Administration for the activity indicated above? <i>If yes, a copy of your DEA registration <b>MUST</b> accompany this form.</i> If yes, please indicate: DEA Number: _____ Expiration Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you ever been convicted of a felony under the territorial, state, or federal laws relating to the Controlled Substances Act? <i>If yes, please <b>PROVIDE</b> a written statement of date, location, and outcome of such conviction.</i>	<input type="checkbox"/>	<input type="checkbox"/>
10. Has any previous registration for controlled substance been surrendered, revoked, or suspended, or is pending such action? <i>If yes, please <b>PROVIDE</b> a written statement of date, location, and outcome of such action.</i>	<input type="checkbox"/>	<input type="checkbox"/>
11. Make a check payable to "Treasurer of Guam." <i>Please do <b>NOT</b> send cash.</i>		

Original Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

**FOR DEH USE ONLY**

CSR#: \_\_\_\_\_ PROCESSED: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_ FEE: \_\_\_\_\_ F/N: \_\_\_\_\_ STAFF: \_\_\_\_\_

**DEH REVIEW:**

CSR SUPERVISOR: \_\_\_\_\_ BPSI ADMINISTRATOR: \_\_\_\_\_ CHIEF EPHO: \_\_\_\_\_

## FEE SCHEDULE FOR THE ISSUANCE OF CONTROLLED SUBSTANCE REGISTRATION

Applicants are encouraged to attach copies of (1) U.S. DEA REGISTRATION CERTIFICATE, and (2) GUAM BOARD OF EXAMINER'S certificate of professional licensing to expedite the processing of the application for the Guam Controlled Substances Registration.

Effective January 21, 2018, the following shall be the fee for the acquisition of new and renewal Guam Controlled Substances Registration certificate:

1.	Manufacturer of controlled substances	
	a. New applicant.....	\$1000.00
	b. Renewing applicant.....	\$1000.00
2.	Distributor of controlled substances	
	a. New applicant.....	\$500.00
	b. Renewing applicant.....	\$500.00
3.	*Individual Registrant and **Institutional Registrant	
	a. New applicant.....	\$500.00
	b. Renewing applicant.....	\$500.00
4.	Pharmacy	
	a. New applicant.....	\$500.00
	b. Renewing applicant.....	\$500.00
5.	Re-issuance of CSR due to loss, amendment, etc.....	\$10.00

Any registrant who fails to renew his/her/its CSR thirty calendar days after the expiration date will be considered a new applicant and shall pay the required new applicant fee.

Registrants of Government of Guam agencies (with the exception of the Department of Public Health and Social Services) are not exempt from payment of registration fees.

\*Individual Registrants are physicians, dentists, veterinarians, podiatrists, physician's assistants, researchers, and other lawfully licensed persons permitted to manufacture, distribute, and dispense controlled substances in the course of his/her profession, but does not include a pharmacist or a pharmacy.

\*\*Institutional Registrants are hospitals, clinics, or other lawfully licensed establishments wherein dispensing of controlled substances are permitted in the course of that establishment's business but does not include a pharmacist or a pharmacy.

\*\*\*For information on separate registrations for separate locations, please refer to Section 41606 of the regulations.

To download the "Rules Governing the Manufacture, Distribution, and Dispensing of Controlled Substances," please visit the Department of Public Health and Social Services website: <https://dphss.guam.gov/division-of-environmental-health/>.

**Contact:**

Controlled Substances Program  
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Department of Public Health and Social Services  
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**Mailing:**

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