



REQUIREMENTS AND INSTRUCTIONS FOR APRNS HAWAII CONTROLLED SUBSTANCE APPLICATION

The application is used by APRNs seeking a Hawaii controlled substance registration. Registration is required for every person who administers and prescribes any controlled substance 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 APRNs seeking a Hawaii controlled substance registration. An APRN must have an active and current Hawaii APRN license with prescriptive authority.

Registration is required for every person who administers and prescribes 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 APRN license with prescriptive authority (PVL)
- HI-PDMP account information
- Payment of fee
- Wet Signature Exemplar form (*new applications only*)
- Attestation to Hawaii Law and Requirements form (*new applications only*)
- Prescriber Education Attestation form
- Copy of your federal DEA certificate (*for renewals only; does not apply to inactive registrations*)

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:

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

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

Hawaii APRN License (PVL)

A current and active State of Hawaii APRN license with **prescriptive authority** is required. If you do not have an APRN-Rx 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 after your license has been finalized.

Fees	APRN fee.....	\$115
	Late fee (for renewals).....	\$50

An applicant may be responsible for the late fee if the registration is expired/inactive. If your application is not post-marked by your registration’s expiration date, submit a late fee in addition to the APRN fee.

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

If applying online, payment 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.

If you are submitting the PDF application, payment via check or money order is accepted and should be made payable to Narcotics Enforcement Division.

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 for new applications only or fill out the Hawaii Controlled Substance Application for Practitioners, APRNs, and Physician Assistants form and mail it to our office. The application form may be found online at <https://law.hawaii.gov/divisions/law-enforcement-division/narcotics-enforcement-division/>. 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 an APRN, you will select “Individual” as the type and “APRN” under Registrant Classification.
Prescription Drug Monitoring Program (HI-PDMP)	<p><u>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.</u> You may register for an account by visiting https://hawaii.pmpaware.net/. You will need to create an account under the role of a ‘New User’. After you have created an account, you may proceed forward with your application. Your account will be approved following the activation of your Hawaii controlled substance registration.</p> <p>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.</p>
Locum Tenens	<p>Locum tenens means an APRN 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>
Legal Name	Your name as reflected on your registration will match what is on your Hawaii APRN license. If you would like to update your name, you will first need to contact the Professional & Vocational Licensing Division with the Department of Commerce and Consumer Affairs. You may visit their website at https://www.cca.hawaii.gov/pvl/ for more information. Once it has been updated, you may contact our office for further assistance.
DBA (if applicable)	“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.
PVL Number and Expiration Date	Applicant must have a current and active State of Hawaii APRN license with prescriptive authority. Input your license number and select the correct expiration date.
Individual Affiliated Organization Name	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.)

Hawaii Business Street Address 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 **physical street address in Hawaii** 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.

For those electing to only prescribe controlled substances only need one CS registration. In the event the applicant elects to administer controlled substances in more than one location, a separate CS and DEA certificate is required for each Hawaii location.

Hawaii Business Phone Number The business phone number for the entity you will be working for.

National Provider Identifier (NPI) No. A 10-digit number used to identify yourself as an individual provider.

Mailing Address 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. **The address DOES NOT need to be located in Hawaii.** 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” or leave the field blank.

If this address needs to be changed/updated in the future, please inform our office right away in writing.

Home/Cell phone number This number is required in case we need to contact you for application/registration purposes.

Alternate phone number If we are unable to contact you at the home/cell phone number provided, we may contact you at the alternate phone number provided.

Primary Email Address 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 **must be the registrant’s primary email**. It cannot be the credentialing agent or office manager’s email address.

Secondary Email Address 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.

Additional Prescribe Locations

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), 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. If you are completing the paper application, you may attach a separate paper with the additional prescribe only locations. The Hawaii Business Name is the name of the individual affiliated organization you are working on behalf of.

NOTE: If you intend to maintain controlled substances at other locations (e.g. administer), you must submit and maintain a separate Hawaii Controlled Substance Registration for each location.

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. APRNs are 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.
- **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 APRNs.

Document Uploads/Additional Documents

If you are completing a new application, you are required to complete, sign, and upload/attach the following documents which can be found on <https://law.hawaii.gov/about-us/divisions/law-enforcement-division/narcotics-enforcement-division/>:

- Wet Signature Exemplar (one-time requirement)
- Prescriber Education Attestation form
- Acknowledgement of laws form (one-time requirement)

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

If you are completing a renewal application, you are required to complete and sign the Prescriber Education Attestation form.

Questions

In the event the response to any of the questions is “YES”, you are required to upload/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.

Application submission

You may submit your online application by clicking continue after you have signed the authorization.

If you are completing the application form, you may mail the application, additional documents, and fee (if applicable) to:

**Narcotics Enforcement Division
3375 Koapaka St Ste D100
Honolulu, HI 96819**

We are unable to process your application until it is complete 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. If you completed the application online, you may view the status of your application through your online portal 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 of own stock 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 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 or fax it 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, is a security code used to verify your identity. It 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**. Your oral code will be mailed to you upon approval of your application.

You may only use your oral code while your CS registration is active. If you no longer require a registration and are not prescribing controlled substances, you may inquire with our office to obtain an oral code specifically for non-controlled substances.

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 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 paper application form.

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.