

License Application to Engage in a Controlled Substance Activity Pre-Hospital Care EMS ALS Agency

This form is only to be mailed if unable to upload to the online application portal at: [BEMS Application Portal](#)

PLEASE USE ADOBE TO FILL IN

EMS Agency Information			Mailing Address	
Legal Name			Use ONLY if U.S.P.S Mail cannot be delivered to the location where the controlled substance activities will occur.	
d/b/a			Street/P.O. Box	
Street			Address	
City			City	
State	ZIP	County	State	ZIP
BNE License Number (If Licensed) 03C-		NYS BEMS Agency Code Number	ALS Level of Care <input type="checkbox"/> Critical Care <input type="checkbox"/> Paramedic	
Agency DEA Registration Number, If Applicable			Licenses issued only for physical address where CS activity will occur.	

Application Type	
<input type="checkbox"/> NEW	New applicants and those reporting relocation or change in ownership will be subject to on-site facility inspection (excluding out-of-state applicants).
<input type="checkbox"/> CHANGE*	<input type="checkbox"/> Name Change
	Prior
	New
	<input type="checkbox"/> Address Change
	Prior
	New
<input type="checkbox"/> Ownership/Operator Change <input type="checkbox"/> Change in Storage Only	Prior
	New
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> No Change Since Last Application
<input type="checkbox"/> AMENDMENT	Attach narrative outlining change(s) requested, e.g., change in storage or MD, DEA number changes, added agent, etc.

*Changes to current licenses may result in the issuance of a new BNE license number.

Fee Exempt New York State, county and other municipal agencies are **exempt** from licensing fees only if they are the applicant for licensure. New and Renewal license application fee is \$100. Amendments are exempt from the application fee.

Agency CEO/COO	
Name	Title
Phone	Email

Controlled Substance Primary Agent	
Name	NYS EMT Number and Level (CC or P)
NYS Pharmacist Reg. Number, If Applicable	Email

Controlled Substance Secondary Agent	
Name	Title
Phone	Email

Agency Physician Medical Director	
Name	NYS Medical License Number
Phone	Email

Contracting (Hospital, MD, Medical Supplier) Source of Controlled Substances			
Entity Name and Title		Contact Person	
Street Address	City	State	Zip
Phone	DEA Number	Email	

Storage of Controlled Substances (Check All That Apply)

- Safe
- Cabinet
- Cameras
- Other

Storage must be installed and ready for inspection upon submission of this form. Describe storage and security used along with make and model numbers; photos must be submitted in a separate document:

Applicant Acknowledgements

The applicant fully understands that the license to be issued hereon shall be subject to the following stipulations and conditions:

1. The applicant is knowledgeable concerning all laws and regulations, both State and Federal, regarding the licensed activity and shall comply with such requirements.
2. The licensee shall be under a continuing duty to inform the Department of Health of any changes, such as name, address or any substantial change to the physical security and means of record keeping regarding the controlled substance(s).
3. The license privilege herein applied for, if granted, shall not be transferred. Changes in name or ownership shall be immediately reported to the Department of Health.
4. Any license so issued as a result of the application for license shall be promptly returned to the Department of Health upon revocation or suspension of the license or the Federal license for the activity or activity for which the applicant was licensed has been discontinued.
5. Licensee shall promptly report to the Department of Health each incident or alleged incident of theft, loss or possible diversion of controlled substances. Such notification shall be made by contacting the Central Office of the Department of Health's Bureau of Narcotic Enforcement and then shall be reported on the applicable Department of Health forms. **Reporting of such incident to other government agencies does not relieve the applicant of this responsibility.**
6. The applicant has read, understands, and complies with the contents of Public Health Law Article 30 and 33, State EMS Code (10NYCRR Part 800) and Controlled Substance Regulations (10NYCRR Part 80).
7. Applications are valid for 90 days from date of receipt. After 90 days, if application is not approved or denied for licensure, the application will be deemed insufficient. Applicants may reapply, if they so choose, by submitting a new application and fee.

Has the applicant been convicted of an offense in any jurisdiction relating to any substance listed in PHL Article 33 as a controlled substance? Has the applicant, its employees, subsidiaries, managing officers, or directors failed to comply with the provisions of the Federal Controlled Substance Act or the laws of any State relating to controlled substances? Yes* No

Has the applicant ever had a State or Federal controlled substance license or registration, or professional license or registration revoked, suspended, denied or restricted or been placed on probation? Yes* No

If the applicant is a partnership, stockholder, proprietor or corporation (other than a corporation whose stock is owned and traded by the public):

Has the business, any officer or the Supervisor of Controlled Substance Activity been convicted, fined, censured, or had a license (State or Federal) suspended or revoked in any administrative or judicial proceeding relating to or arising out of the manufacture or distribution of drugs? Yes* No N/A

**Applicants who answer 'Yes' to any of the above questions must submit a statement of explanation with documentation to support the explanation.*

Applicant Signature

Under the penalties of perjury, I affirm that the statements herein are true, to the best of my knowledge, and that I am knowledgeable regarding the requirements of the licensed activity for which I am applying.

CEO/COO Name

Title

Signature

Date

Medial Director Name

Title

Signature

Submission Requirements

Email the following to bnlicensing@health.ny.gov

- Completed DOH-3826 application
- Photocopy or scan of your check or money order issued for application fee
- Controlled Substance Plan*
- DOH-3827 Controlled Substance Agent*
- Listing of all physical locations where controlled substances will be stored including full address and telephone numbers*
- Copy of Expiring CS License, if currently licensed
- Copy of NYS BEMS Operating Certificate
- All supporting, required documentation, images of all storage, and forms for the class of license being applied for*

**Required for new license application or if changed since last submitted to BNE*

Submit the following to this mailing address:

NYSDOH Bureau of Narcotic Enforcement
Riverview Center
Attn: Licensing Unit
150 Broadway
Albany, NY 12204

- Check or money order for licensing fee made out to:
NYSDOH Bureau of Narcotic Enforcement
(If applicable, place current 3C license number in check memo or cover letter)
- Photocopy of DOH-3826 (No additional documents)