



---

# CHAIRMAN'S MEMORANDUM NO. 18A-99 NOVEMBER 15, 1999

---

**TO: SHERIFFS, JAIL ADMINISTRATORS, COMMISSIONERS OF CORRECTION,  
COUNTY FACILITY MEDICAL DIRECTORS, TRAINING COORDINATORS**

**RE: INSTRUCTIONS REGARDING COMPLETION OF APPLICATION FOR  
STORAGE AND DELIVERY OF CONTROLLED SUBSTANCES**

---

The Commission of Correction issued Chairman's Memorandum #99-18 dated November 1, 1999 regarding the Storage and Delivery of Controlled Substances. This was sent to all local correctional facilities on behalf of the New York State Department of Health (DOH), Bureau of Controlled Substances (BCS) because of a BCS ruling that jails need a license to manage controlled substances in-house. This is needed even if facilities do not routinely use these drugs because the need may unexpectedly arise.

The Bureau of Controlled Substances provided a sample application form which was not accompanied by instructions as to the completion of this form.

In order to complete the application we offer the following.

Section 1 - License Classification - correctional facilities would be classified as: 3a-Institutional dispenser (limited).

Section 2 - Drug Schedule - In the jail setting there may be a need to order drugs classified in Schedule II to IV, so these four boxes should be checked.

Section 3 - Application Type - Check - A - for NEW application.  
In question - 3Bii - the name of the specific correctional facility and address is required.

Section 4 - Registration - None of the questions apply to local correctional facilities.

On the back side of the application there are three questions that require information to be supplied.

**Question 2** - The location of the storage cabinet and a description of the cabinet. For example-- a double locked metal cabinet bolted to the wall in the medication room of the medical department. In jails without a medical department this double locked cabinet should be located in a secure area.

**Question 3** - This question requires the name of the licensed health care employee who will supervise the medication management program which is the facility medical director.

**Question 5** - This also requires the name of the facility medical director.

The form ends requiring the signature and identifying information of the administrator who is responsible for the day to day operation of the facility.

The Commission encourages all county administrators to apply without delay. Please find another copy of the application for completion. Should you have any questions or comments, or require further assistance, please contact the Commission's Forensic Medical Unit at (518) 485-2346.

---

Alan J. Croce, Chairman/Commissioner