



The Commonwealth of Massachusetts
 Executive Office of Health and Human Services
 Department of Public Health
 Division of Health Professions Licensure
 Board of Registration in Pharmacy
 239 Causeway St., 5th Floor, Suite 500
 Boston, MA 02114

CHARLES D. BAKER
Governor

KARYN E. POLITO
Lieutenant Governor

Tel: 617-973-0960
FAX: 617-973-0980
TTY: 617-973-0988

www.mass.gov/dph/boards/pharmacy

MARYLOU SUDDERS
Secretary

MONICA BHAREL, MD, MPH
Commissioner

Disclosure of Errors Relating to Preparation of Medications in the Pharmacy, Non-routine Notice(s), Correspondence and/or Disciplinary Action(s), Adverse Change in Accreditation Status, and/or Criminal Charges or Conviction

Name of MA Pharmacy _____	License Number _____
Pharmacy Address _____	
City/Town _____	Zip Code _____
Tel. No. _____	Fax No. _____
E-mail _____	

What are you reporting?

(√)	Event/Circumstance	Complete as Applicable:			
		Date of Occurrence	Date of Receipt of Results	Date of Receipt of Notification	Identity of Sender Organization
	Non-routine notice, correspondence, or disciplinary action 247 CMR 6.15(2)				
	Adverse change in status of accreditation, including but not limited to, withdrawal, discontinuance, termination, revocation, suspension, probation, or warning 247 CMR 6.15(3)				
	Errors relating to preparation of medications in the pharmacy 247 CMR 6.15(6)				
	Any discipline on the basis of actions listed in 247 CMR 10.03(1)(y)				
	Any final action, including license surrender or				

		Complete as Applicable:			
(√)	Event/Circumstance	Date of Occurrence	Date of Receipt of Results	Date of Receipt of Notification	Identity of Sender Organization
	resignation CMR 10.03(1)(z)				

Attach a detailed description of the event/circumstance(s) you are reporting as well as a copy of related documentation regarding the non-routine notice, correspondence, disciplinary action, adverse change in accreditation status, and/or criminal charge or conviction.

Please direct any questions regarding this reporting form to pharmacy.admin@massmail.state.ma.us

The FAILURE of any Massachusetts pharmacy or pharmacist to make a report required by 247 CMR to the Board within the timeframe stated in 247 CMR will be grounds for discipline under 247 CMR 10.03(q).

Print Name Licensee/Registrant: _____
 Title: _____
 License Number: _____
 Signature of Licensee: _____
 Date: _____

Please submit to: Board of Registration in Pharmacy
 ATTN: Disclosure Report
 239 Causeway Street, 5th floor
 Boston, MA 02114

A signed copy may be scanned and emailed to DHPL-OPP.ADMIN@massmail.state.ma.us in advance of submission by mail of the signed, original document.