

MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY
239 Causeway Street, 5th Floor
Boston, MA 02114
(617) 973-0960
pharmacy.admin@massmail.state.ma.us

Controlled Substance Registration (CSR) Application

(MA Resident pharmacies only)

I hereby apply for a Controlled Substances Registration in accordance with M.G.L. c. 94C, § 7.

Name of Corporation/Applicant _____

Street Address _____

City/Town _____ State _____ Zip Code _____

Tel. No. _____ Fax No. _____

E-mail _____

FEIN Number: _____

Registration Classification:

Drug Store Pharmacy

Complex Non-Sterile Compounding Pharmacy

Sterile Compounding Pharmacy

Please check applicable controlled substance(s):

Schedule II

Schedule III

Schedule IV

Schedule V

Schedule VI**

**** Schedule VI: This substance is a prescription drug that has not already been included in Schedules II-V.**

Signature of Applicant: _____

(Owner of facility must sign application)

Printed Name of Applicant whose signature appears above: _____

TO BE COMPLETED BY BOARD

CHECK \$ _____ DATE _____

CHECK NO. _____ RECEIPT NO. _____ APP NO. _____

LICENSE NO. _____ / _____

_____ / _____ / _____

Name of Pharmacy: _____

Revised: 5/22/20