



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
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Bureau of Health Professions Licensure  
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12/02/21

**Attestation of Medication Administration Program Controlled Substance Registration  
'To be submitted along with the MCSR Application for all New MAP Sites'**

Prior to issuing the Medication Administration Program (MAP) Massachusetts Controlled Substance Registration (MCSR) for a community program, the Service Provider must attest that the prospective MAP site, for which the registration is being applied, meets all established criteria for compliance as set forth in 105 CMR 700.003 (F) as well as M.G.L. c. 94C, the Controlled Substances Act and is ready to function as a MAP site once the MCSR is issued.

Service Providers, for a prospective MAP site, must complete this form in its entirety and submit it along with their site application for a Medication Administration Program Massachusetts Controlled Substance Registration. If you are not able to attest to the items in this list, your MCSR application will be rejected without prejudice. Your program may apply when you are able to provide the required attestation.

**Section 1: Contact and Site Info**

Service Provider: \_\_\_\_\_  
Corporate Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Site Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

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## Section 2: Attestation and Signature

The following is a list of required items necessary for compliance with the Medication Administration Program before a MAP MCSR can be issued. By selecting each item entry, the Service Provider attests that it is in compliance with 105 CMR 700.003 (F) as well as M.G.L. c. 94C, the Controlled Substances Act. Failure to select each may result in your application being rejected.

- ☐ Dedicated Key-Lock Medication Storage Area
- ☐ Dedicated Countable Controlled Substance Storage Container (with access to 'Countables' using two key-locks)
- ☐ Drug Reference Material Plan (e.g., Drug Reference Manual (dated within last two years) and/or Medication Information Sheets for all prescribed medications for the individuals supported at the site (to be obtained after opening) \*\*See on-line References Advisory 4-04-18
- ☐ Current MAP Curriculum-*Responsibilities in Action* (2020)
- ☐ Current *MAP Policy Manual* (Version 2010 9-01 Revised 1-01-15)
- ☐ Emergency Contact Numbers - (One page document-general reference-(e.g., poison control-911, pharmacy, etc.))-Copy near phone
- ☐ Plan to address need for 24/7 MAP Consultants-(e.g. Pharmacy Service Contract Agreement, Provider Staff Registered Nurse, etc.)
- ☐ Service Provider Policy Manual (with policies specific to MAP)
- ☐ Chain of Custody Tracking System:
  - ☐ Medication Book/Record
  - ☐ Countable Controlled Substance Book
  - ☐ Pharmacy Ordering and Receiving Binder
  - ☐ Controlled Substance Disposal Record Binder
  - ☐ Medication Release Forms
    - ☐ Leave-of-Absence (LOA) documents
    - ☐ Transfer documents
- ☐ Staff Training Binder
- ☐ Medication Occurrence Binder
- ☐ Licensed nurses to administer medications and/or Trained MAP Certified staff with training records for MAP Certified staff on site:
  - ☐ Staff MAP Certifications
  - ☐ CPR cards
  - ☐ First Aid cards

**I hereby certify to the Massachusetts Department of Public Health  
to the best of the organization's knowledge, information, and belief that**

\_\_\_\_\_ (Service Provider)

**is in compliance with all required criteria for a Medication Administration Program  
Controlled Substance Registration.**

Signed under the pains and penalties of perjury:

*Signature of Service Provider Operational Manager (e.g., CEO, Executive Director, President,  
etc.)*

*Sign:* \_\_\_\_\_

*Name of Service Provider Operational Manager (e.g., CEO, Executive Director, President, etc.)*

*Print:* \_\_\_\_\_

*Date* \_\_\_\_\_

### **Section 3: Submission**

Please submit this completed attestation form to the following contact:

Medication Administration Program  
MA Bureau of Health Professions Licensure

Email a scanned copy to: [MAP.MCSR@mass.gov](mailto:MAP.MCSR@mass.gov)

For questions, please submit an email to [MAP.MCSR@mass.gov](mailto:MAP.MCSR@mass.gov)

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