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Drug Control Program (DCP)
Statement Regarding Disposition* of Controlled Substances at MAP Sites
Upon Termination or Closure or Expiration or Voiding of
Massachusetts Controlled Substances Registration (MCSR)

1. I understand that the Massachusetts Controlled Substances Registration (MCSR) for the address listed below has expired, or has been terminated, or revoked, or has become void due to process of law or regulation, or the MAP site has closed.
2. I understand that the program site is no longer authorized to possess controlled substances as part of Medication Administration Program (MAP) in the Commonwealth of Massachusetts.
3. On behalf of the program site, I hereby affirm that (please check below, as appropriate):
_____ The program site has no controlled substances (i.e., prescription medications) in our possession, custody or control pursuant to the MAP site for which the MCSR was granted.
_____ I have attached a copy of the program site's disposition plan (e.g., *Medication Transfer Sheets, Disposal Records, Letter of Closure*, and/or other documents that demonstrate the disposition* of the medications) showing appropriate legal disposition of the controlled substances, which were in our possession, custody or control pursuant to the closed MAP site.

ATTESTATION:

By signing this Statement, I certify, under penalty of perjury pursuant to the laws of the Commonwealth of Massachusetts that the information provided herein is truthful and accurate.

Signature:		Date:	
Print Name/Title:			
MAP Site Address:			
MCSR #:			
<p>Disposition of Controlled Substances forms should be submitted, via email, to MAP.MCSR@mass.gov.</p> <p>Drug Control Program-Medication Administration Program DPH Bureau of Health Professions Licensure Drug Control Program 250 Washington Street Boston, MA 02108 MAP.MCSR@mass.gov</p>			

*Disposition: Act of disposing; transferring to the care or possession of another. The parting with, alienation of, or giving up of property.