

MASSACHUSETTS BOARD OF REGISTRATION IN PHARMACY
239 Causeway Street, 5th floor
Boston, MA 02114
(617) 973-0960
Pharmacy.Admin@MassMail.State.MA.US

AUTOMATED DISPENSING DEVICE (ADD)

Controlled Substance Registration (CSR) Application
For Automated Dispensing Devices (ADD)
(MA Resident retail pharmacies only)

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

Name of Pharmacy _____ License No. (DS) _____
Name of Manager of Record _____
Street Address _____
City/Town _____ State _____ Zip Code _____
Tel. No. _____ Fax No. _____
E-mail _____
FEIN Number: _____

Location of ADD (each device needs a separate application):

Name of Facility _____
Street Address _____
Floor _____
City/Town _____ State _____ Zip Code _____

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.**

Attestation

- I have read, understand, and agree to comply with [Joint Policy 2019-02:Automated Dispensing Device Use](#).
 I understand that if the healthcare facility does not have an on-site pharmacy, the facility must obtain approval for use and placement of an ADD from the facility's licensing body (please include a copy of the facility's approval with this application).
 I have read and understand the DEA requirements for installing ADDs in long-term care facilities.

[§1301.27 Separate registration by retail pharmacies for installation and operation of automated dispensing systems at long term care facilities.](#)

Signature of Applicant/Owner: _____

Printed Name of Applicant whose signature appears above: _____

TO BE COMPLETED BY BOARD

CHECK/M.O. \$ _____ DATE _____

CHECK/M.O NO. _____ RECEIPT NO. _____ APP NO. _____

LICENSE NO. _____ / _____ / _____