



The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
Bureau of Health Professions Licensure
Drug Control Program

239 Causeway Street, Suite 500, Boston, MA 02114

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**Massachusetts Controlled Substance Registration (MCSR)
Drug Schedules Amendment Form**

Amended Information Form Instructions

Please read the following information carefully before completing the form:

1. The authorized drug schedules of your MCSR are listed on your registration card.
2. To amend the drug schedules of your MCSR please complete this form.
3. This form does not apply to health care facility and research Massachusetts Controlled Substance Registrations.
4. Items with an asterisk are mandatory.
5. Attest to the contents of this form by signing and dating the second page. The Drug Control Program cannot accept amended information forms without an original signature.
6. When complete send the amended information form either email, fax, or mail:

Email: MCSR@massmail.state.ma.us

Fax: 617-753-8233

Mail: Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
239 Causeway Street, 5th Floor Suite 500
Boston, MA 02114

Carefully Print or Type the Following Information:

First Name*:	Last Name*:	MCSR Number*:	Board of Registration License Number*:

Drug Schedule(s) Amendment Form
Requirements for Federal Drug Enforcement Administration (DEA) registration: MCSR registrants who have been authorized to prescribe Schedules II, III, IV, and V must have a DEA number to prescribe federally controlled drugs. Your MCSR cannot include a Schedule of drugs in II-V unless these are listed on your DEA registration. Schedule VI is only controlled by Commonwealth of Massachusetts, and will not appear on the DEA registration. Schedule VI consists of all prescription drugs that are not included in any other schedule. The DEA requirement does not apply to MCSRs applicants who have only a Schedule VI MCSR. For more information about drug schedules please visit: https://www.dea.gov/drug-scheduling
Current Drug Schedules: Please first select the drug schedules you are currently authorized to prescribe, store, order, administer, and dispense. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI
Drug Schedule Request: Please select the drug schedules you wish to be authorized to prescribe, store, order, administer, and dispense. <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this form, and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this form is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR form attests under penalties of perjury that, to the best of my knowledge and belief, I have complied with: state tax and child support laws M.G.L. c. 62C, section 49A); and the laws of the commonwealth of Massachusetts and all applicable rules and regulations of the Department of Public Health and the Drug Control Program.

Full Name: _____

Signature: _____

Date: _____