

7)	Personal telephone number (optional):
8)	Personal email address (optional):
9)	Personal address (<i>if different than business address provided for the business address</i>):
	Street:
	City: _____ State: _____ ZIP: _____
10)	MCSR Business Address: <i>Applications that include a P.O. Box number without a street address cannot be processed.</i>
	Facility Name and Department (if applicable):
	Street:
	City: _____ State: _____ ZIP: _____
11)	MCSR Business telephone number (optional):
12)	MCSR Business fax number (optional):
13)	Business email address: <i>Note: You will receive important reminders and notices for your MCSR at this email address.</i>
14)	Drug Schedules requested: <i>Only Schedules that are checked can be authorized. Schedule VI includes all prescription drugs not in Schedules II-V.</i>
	Select all that apply: <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V <input type="checkbox"/> VI
15)	Have you ever been convicted ¹ of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substance? <input type="checkbox"/> Yes* <input type="checkbox"/> No
16)	Has any previous professional license or registration held by you under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending or been subject to limitations on prescriptive practice or other professional limitations, including but not limited to conditions of probation? <input type="checkbox"/> Yes* <input type="checkbox"/> No
	<small>*If you answered yes to question 15 or 16, please submit a typewritten 8 ½ by 11 sheet(s) with the following information: Complete date and location of each incident, specific charges, disposition(s), copies of court documents, names and addresses of attorneys who represented you and an explanation for each incident or situation. Your name MUST be on all pages. Your application will NOT be complete until the Drug Control Program has reviewed the documentation and any other required information.</small>

Attestation

I hereby certify that, under pains and penalties of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for MCSR revocation or denial of the MCSR and may subject me to civil or criminal penalties. My signature on this MCSR application 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, s. 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.

* _____
Signature of applicant (no initials)

* _____
Date

¹ An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' with respect to an inquiry herein relative to prior arrests, criminal court appearances or convictions. An applicant for employment or for housing or an occupational or professional license with a sealed record on file with the commissioner of probation may answer 'no record' to an inquiry herein relative to prior arrests or criminal court appearances. In addition, any applicant for employment or for housing or an occupational or professional license may answer 'no record' with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution