Contraction of the second	Commonwealth of Massachusetts Department of Public Health, Bureau of Health Professions Licensure Drug Control Program 250 Washington Street, Boston, MA 02108 Telephone 617-973-0949 Fax 617-753-8233		
Application for Massachusetts Controlled Substances Registration for Limited Services Clinics			
 Please be sure to: Complete the application form. Enclose check or money order for \$300 made payable to "Commonwealth of Massachusetts". New applicants enclose evidence of Bureau of Health Care Safety and Quality licensure (See instructions on the next page). Sign and date the form at the bottom. Mail to the address above. Incomplete applications will be returned and will cause a delay in receiving your MCSR. Do not send originals of any supporting documents. They will not be returned. Instead send photocopies. For further information, visit: http://www.mass.gov/dph/dcp 			
Арр	cation Type: (Please select one)		
This Massachusetts Controlled Substances Registration application is for Schedule VI drugs only. Schedule VI includes all prescription drugs not in Schedules II - V.			
	e boxes below enter the requested information.		
	Applicant: (Facility Name)		
2)	Applicant Business Address: (Applications that include a P.O. Box number without a street address cannot be processed.)		
	Street:		
	City: State: ZIP:		
3)	Applicant Mailing Address (If different):		
	Facility Name and Department (if applicable):		
	Street:		
-	City: State: ZIP:		
4)	Business Telephone No.: ()		
5)	area code Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)		
3)			
6)	DEA Controlled Substance Registration No. (If possessed):		
	Has the applicant ever been convicted of any violation of State or Federal law relating to the manufacture, possession, distribution or dispensing of controlled substances? □ Yes * □ No		
	Has any professional license or registration held by the applicant under any name or corporate name or legal entity been surrendered, revoked, suspended or denied or is such action pending?		
* If you answered "Yes" to Question No. 7) or No. 8), a letter must be attached setting forth circumstances of such action(s).			
I hereby certify that the information on this application is true to the best of my knowledge, and that the applicant will comply with the laws of the Commonwealth of Massachusetts and all applicable rules and regulations promulgated by the Department of Public Health. I also certify, in accordance with M.G.L. c. 62C, s. 49A, that the applicant has to the best of my knowledge and belief filed all state tax returns and paid all state taxes required under law. Signed under the pains and penalties of perjury.			
Sign	ature of Medical Director Date		
	(in accordance with 105 CMR 140.313) Name:		
Title:			

Limited Services Clinic Application	
In Accordance with the Controlled Substances Act, M.G.L. Cha	pter 94C

Limited Services Clinics Application Information and Instructions

In order for a Massachusetts Controlled Substances Registration (MCSR) to be issued your limited services clinic must first be licensed by the Department of Public Health, Bureau of Health Care Safety and Quality (BHCSQ). If you have questions about BHCSQ licensure requirements, please contact the Bureau directly at 617 753-8000.

- All new MCSR applications (new facility, new location, ownership change, facility name change) must be accompanied by evidence of your new DHCQ licensure. Applications that are incomplete cannot be processed and will be returned. If you have questions about this requirement, please contact the Drug Control Program (DCP) at 617-973-0949.
- Please note that the registrant is the name of the facility, not the name of the individual who signs the application. The application must be signed by the Medical Director. Unless requested otherwise, the registration will be mailed to this person's attention.
- Please note that MCSRs are not transferable. If there is a change of ownership, name or address, DCP must be informed in writing thirty days in advance of the change. A new application must be filed (with fee payment and BHCSQ licensure), and a site inspection may be conducted prior to license issue.
- If you are completing a renewal application which was mailed to you, please note carefully the information which appears on the name and address label. Please be sure that the application information is consistent with the label.
- If the facility is under construction or not yet complete and is not ready for inspection at the time of application, please indicate this on the application.