



The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Bureau of Health Professions Licensure  
250 Washington Street, Boston, MA 02108-4619

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[www.mass.gov/dph/boards](http://www.mass.gov/dph/boards)

**Board of Registration in Pharmacy**

**Mandatory Disclosure Form**

<b>Licensee/Registrant Name</b> _____ MA License Number _____
Address _____
City/Town _____ State _____ Zip Code _____
Tel. No. _____ E-mail _____

<b>Regulatory Issue</b>	<b>Timeframe for Reporting</b>	<b>Date of Incident</b>	<b>Brief Description</b>
Arrests, pending criminal charges or convictions 247 CMR 20.03(3)	14 calendar days		
For individuals and businesses, any disciplinary action or loss of certification, including continuing education deficiencies 247 CMR 20.03(4)	14 calendar days		
Adverse change in status of pharmacy accreditation status 247 CMR 20.03(5)	14 calendar days		
Any inspection reports, investigation reports, or warning letters received from local, state, or federal agency (e.g., FDA, etc.) 247 CMR 20.03(6)	14 calendar days of receipt		

**Attach a detailed description of the issue you are reporting as well as copies of any related documentation.**

The FAILURE of any Massachusetts licensee/registrant to make a timely report to the Board as required by 247 CMR will be grounds for discipline under 247 CMR 10.03.

Name of Licensee/Registrant/Person Reporting: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Please scan and submit the signed copy via email to:**

**[DHPL-OPP.ADMIN@mass.gov](mailto:DHPL-OPP.ADMIN@mass.gov)**

**If you cannot scan the document, please contact the email address above.**