



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

Tel: 617-973-0800
TTY : 617-973-0988
www.mass.gov/dph/boards

Board of Registration in Pharmacy

Mandatory Disclosure Form

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

Regulatory Issue	Timeframe for Reporting	Date of Incident	Brief Description
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

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