

The Commonwealth of Massachusetts Executive Office of Health and Human Services Department of Public Health Bureau of Health Professions Licensure Drug Control Program 250 Washington Street, 3rd Floor, Boston, MA 02108

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

Massachusetts Controlled Substance Registration (MCSR) Account Transfer Form

Registrant Information				
MCSR number(s):		Expiration D	Expiration Date(s):	
Regis	trant Name:			
Addres	SS: No. Street	City	State/Country	Zip/Postal Code
Please	select the reason(s)) for transferr	ing your MCSR.	
Please select the reason(s) for transferring vour MCSR: New administrator/holder of account Account disabled MCSR no longer current Other, please describe:				
\square Ac	count disabled CSR no longer currer			
□ Ac □ M ^t □ Ot	count disabled CSR no longer currer	nt	riate	

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: 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

Date

Please submit your Form via email, fax, or mail: Email:

dph.mcsr@mass.gov

Fax: 617-753-8233

Mail: Bureau of Health Professions Licensure Drug Control Program, Attn: MCSR 250 Washington Street, 3rdFloor Boston, MA 02108