Commonwealth of Massachusetts
Department of Public Health, Bureau of Health Professions Licensure
Drug Control Program
239 Causeway Street, Suite 500, Boston, MA 02114
Telephone 617-973-0949 Fax 617-753-8233

Application for Massachusetts Controlled Substances Registration for Municipalities and Non-Municipal Public Agencies for Use of Nerve Agent Antidotes and Epinephrine

A single Massachusetts Controlled Substances Registration (MCSR) is required for each municipality and non-municipal public agency that wishes to authorize certain of their public employees to administer approved Nerve Agent Antidotes and/or Epinephrine in accordance with 105 CMR 700.000.
Please be sure to:

- Obtain copy of applicable regulations at 105 CMR 700.000.
- Submit completed application form.
- Enclose check or money order for $300 made payable to "Commonwealth of Massachusetts".
- Attach copies of the Medical Director's Board of Registration in Medicine License and MCSR.
- Have form signed (not initialed) and dated.
- Mail to the address above.

Incomplete applications will be returned causing a delay in issuance of your MCSR. Only send copies of supporting documents. Do not send originals; they will not be returned. For further information, visit: http://www.mass.gov/dph/dcp

Application Type: ❑ New ❑ Renewal ❑ Amended Information

Categories Requested: ❑ Nerve Agent Antidote ❑ Epinephrine

In the boxes below enter the requested information.
1) Applicant: (Municipality or Public Agency Name)
2) Applicant Address: (Applications that include a P.O. Box number without a street address cannot be processed.) Street: City: State: ZIP:
3) Applicant Telephone No.: ( ) area code
4) Applicant Federal Tax ID No.: (Required by M.G.L. c. 30A, s. 13A)
5) Name of Medical Director (Authorized licensed physician):

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, section 49A, that the applicant has to the best of my knowledge and belief complied with all laws of the commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
Signed under the pains and penalties of perjury.

Signature of Medical Director: _____

Date: _____