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: 617-973-0949
TTY : 617-973-0988
www.mass.gov/orgs/massachusetts-controlled-substances-registration

Massachusetts Controlled Substance Registration (MCSR)
Amended Information Form

Amended Information Form Instructions

Please read the following information carefully before completing the form:

1. **Name Change**
The name on your MCSR must reflect the name on your Board License. In order to change the name on your MCSR you must first change your name with your Board.

2. **Items with an asterisk are mandatory.**

3. **Attest to the form by signing and dating the third page. The Drug Control Program cannot accept amended information forms without a signature.**

4. **When complete, send the amended information form by either email, fax, or mail:**

Email: MCSR@massmail.state.ma.us
Fax: 617-753-8233
Mail:
Bureau of Health Professions Licensure
Drug Control Program, Attn: MCSR
250 Washington Street, 3rd Floor
Boston, MA 02108

Carefully Print or Type the Following Information:

First Name*:	Last Name*:	MCSR Number*:	Massachusetts License Number*:

☐ **Advanced Practice Registered Nurse** ☐ **CDTM Pharmacist** ☐ **Dentist** ☐ **Optometrist**
☐ **Physician Assistant** ☐ **Physician** ☐ **Podiatrist** ☐ **Veterinarian**

Select All Changes that Apply:

☐ **Name Change** ☐ **Person Address Change**

☐ **Personal Email Change** ☐ **Personal Phone Change**

☐ Name Change

The name on your MCSR must reflect the name on your Board License. In order to change the name on your MCSR you must first change your name with Board.
Please print your name below as it appears on your Board of Registration license.

Last Name: **First Name:** **Middle Name:**

Suffix:

☐ Personal Address Change

Your personal address is not your MCSR business address. Your personal address is considered contact information.

Print or type your previous personal address:	Print or type your **new** personal address:
Address:	**Address**:
City/Town:	**City/Town**:
State:	**State**:
Zip code:	**Zip code:**

☐ Personal Phone Number Change

( )

☐ Email Address

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: _____